



Holy Trinity Catholic Church
St. John the Baptist Catholic Church

BAPTISM REGISTRATION

Baptism Class Attendance
(Parents and Godparents)

When: _____

Where: _____

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Name of Child: _____
 First Middle Last

Mailing Address: _____

City, State, Zip: _____

Phone: Cell _____ Home _____ Work _____

Date of Birth: _____ Place of Birth: _____

Date of Planned Baptism: _____ Mass time: _____

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Father's Name: _____ Religion: _____

Mother's First Name: _____ Maiden Name: _____

Religion: _____

Godfather's Name: _____ Religion: _____

Godmother's Name: _____ Religion: _____

**** Please attach a copy of birth certificate to this form ****

Office Use Only

Date Received: _____ *Date Certificate Made:* _____

Date Recorded in Parish Register: _____

**355 Oregon Ave. SE Bandon, OR 97411
541-329-0697 || 541-347-9256 (fax) || www.holytrinitybandon.org**



Holy Trinity Catholic Church
St. John the Baptist Catholic Church

TO BE FILLED OUT BY GODPARENT:

NAME OF CHILD TO BE BAPTIZED: _____

Godparent Name: _____

Address _____ City _____ State _____

Phone Number: _____

Baptism (Of Godparent): Date: _____

Church Name _____ City _____ State _____

Confirmation (Of Godparent): Date: _____

Church Name _____ City _____ State _____

As a registered and participating member of Holy Trinity Catholic Church or St. John's Mission or of: _____ Catholic Church I solemnly affirm that:

(Name of Parish)

- ◆ I have received the three sacraments of Initiation: Baptism, Eucharist and Confirmation.
- ◆ I participate in the Mass on Sundays and Holy Days and regularly receive the Sacraments of Holy Communion and Reconciliation,
- ◆ I am living my Christian vocation as a single person or I have been validly married in the Catholic Church,
- ◆ I realize that I assume a great responsibility before God and the Church in becoming a sponsor. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life. I will help my candidate live their faith in the Catholic Church.

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Godparent Signature: _____ Date: _____

Please return to the Parish Office

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