



Date of Registration: _____

BAPTISMAL REGISTRATION FORM

Child's Information

Name of Child: _____ Date of Birth: ____/____/____/
First Middle Last
City/State of Birth: _____ Was the child baptized at a hospital or other circumstances? Yes ___ No ___

Child's Information (A photocopy of the child's birth certificate must be submitted with this application)

Family Information

Father's Name: _____ Religion: _____
Mother's Maiden Name: _____ Religion: _____
Address: _____ City: _____ State: _____ Zip: _____
Best Phone#: _____ Email(s): _____
Are parents registered at Our Lady of Sorrows? _____ If no, where? _____

Godparent Information (only one is required)

Godfather's Name: _____
Single? _____ Married? _____ In Catholic Church? _____
Godmother's Name: _____
Single? _____ Married? _____ In Catholic Church? _____

Baptismal Classes

3rd Thursday of the month (English) _____ or 4th Thursday of the month (Spanish) _____ Time: 6:30pm to 8:30pm
Date of the baptismal class chosen: _____ Number of people attending: _____

Signatures

Signature of father: _____ Date: _____
Signature of mother: _____ Date: _____

For Office Use Only

Completed baptismal formation: _____
Name of Priest baptizing: _____
Signature: _____ Date of Baptism: _____