

**Christ the King Roman Catholic Church
5006 E. Wonder Lake Road
Wonder Lake, IL 60097
815-653-2561**

BAPTISM REGISTRATION FORM

Name of Child: _____

Address: _____

City: _____ State: _____

Phone: _____

Date of Birth: ____/____/____

Place of Birth: _____

Date of Baptism: ____/____/____

Father's Name: _____

Mother's Name: _____

Religion of Father: _____

Religion of Mother: _____

Were Parents Married by a Catholic Priest?

Church Where Married: _____

Y N

Godfather's Name

Godmother's Name

Is Godmother Catholic? Y N

Is Godmother Catholic? Y N

Is either Godparent represented by proxy?

Y N If yes, name of proxy _____

Was the child privately baptized? Y N

Was the child adopted? Y N

Name of Priest? _____