

Baptismal Registration Form

Name of Child as recorded on the Birth Certificate				Current Date expires in 6 months	
Address		City	State	Telephone	E-mail
Child's Date of Birth	Place of Birth				
	Hospital		City		State
Father's First, Middle, Last Name		Married in the Catholic Church Yes or No	Father's Cell Phone		Father's Religion
Mother's First, Middle, Last Name		Married in the Catholic Church Yes or No	Mother's Cell Phone		Mother's Religion
Godparent Information					
One godparent must be a practicing Catholic					
Godfather's First, Last Name			Godfather's Cell		Godfather is Catholic Yes or No
Godmother's First, Last Name			Godmother's Cell		Godmother is Catholic Yes or No
OFFICE USE ONLY					
Baptismal Date	Baptized Privately Yes or No		Priest/Deacon Full Name		Child Adopted Yes or No

A copy of the state registered birth certificate must be supplied to the office.
If child is adopted a copy of the adoption papers must be supplied to the office.

