

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/Birthplace Address		City		State
Father's First, Middle, Last Name		Married in the Catholic Church Yes or No		Father's Cell Phone	Father's Religion: Church Attending:
Mother's First, Middle, Maiden Name		Married in the Catholic Church Yes or No		Mother's Cell Phone	Mother's Religion: Church Attending:

Godparent Information

One godparent must be a practicing Catholic

Godfather's First, Last Name		Godfather's Cell	Godfather is Catholic Yes or No Church attending:
Godmother's First, Last Name		Godmother's Cell	Godmother is Catholic Yes or No Church attending:

OFFICE USE ONLY

<input type="checkbox"/> Baptismal Class Requirement Met	Scheduled Baptismal Date	Priest/Deacon Full Name	Child Adopted Yes or No Private Baptism Yes or No
Baptism Completion Date	<input type="checkbox"/> Recorded in Book	<input type="checkbox"/> Recorded in PS	

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.

