

Baptism Registration Form

Today's Date: _____

Name of Child: _____

Date of Birth: _____ Place of Birth: _____
(Please provide copy of official birth certificate)

Father's Full Name: _____ Religion: _____ Practicing? _____

Father's Complete Address: _____

Father's Phone: _____ Father's Email: _____

Date Father Plans to Attend Baptism Class: _____

Mother's Full Maiden Name: _____ Religion: _____ Practicing? _____

Mother's Complete Address: _____

Mother's Phone: _____ Mother's Email: _____

Date Mother Plans to Attend Baptism Class: _____

Are Parents Married? Yes _____ No _____ Are there prior marriages? Yes _____ No _____

If Married, Were Parents Married by a Catholic Priest or Deacon? Yes _____ No _____

Name and Place of Mother's Parish: _____ Registered? _____

Godfather: _____ Religion: _____ Practicing? _____

Date Godfather Plans to Attend Baptism Class: _____

Godmother: _____ Religion: _____ Practicing? _____

Date Godmother Plans to Attend Baptism Class: _____

Amount of Voluntary Donation: \$ _____ Date of Donation: _____
(Suggested Donation is \$200/family.)

I request a Saturday Baptism in: English _____ (1st & 3rd Saturday)
Spanish _____ (2nd & 4th Saturday)

Requested Date of Baptism: _____

(6-1-21)