

CATHEDRAL of the BLESSED SACRAMENT
BAPTISM REGISTRATION FORM

Child's Information

Child's First Name _____ Middle _____ Last Name _____

Male Female

Date of Birth _____ City and State of Birth (Please provide a copy of Official Birth Certificate) _____

Parent's Information

Are parents currently married? Yes No

Father's First Name _____ Middle _____ Last Name _____

Catholic: Yes No

Mother's First Name _____ Middle _____ **MAIDEN Name** _____

Catholic: Yes No

Street Address _____ City _____ State _____ Zip Code _____

Father's Phone Number _____ Father's Email Address _____

Mother's Phone Number _____ Mother's Email Address _____

Name and Place of Parent's Parish _____

Godparent Information*

Godfather's First Name _____ Middle _____ Last Name _____

Godmother's First Name _____ Middle _____ Last Name _____

* Please be aware that to be a godparent, the person must be an active, practicing Catholic who has received all their Sacraments of Initiation (Baptism, Holy Eucharist, and Confirmation). **A person who is married civilly or outside the Catholic Church is not eligible to be a Godparent.**

We/I affirm that all the information provided above is true. We/I are requesting the Sacrament of Baptism for our child. It is our intent to raise our child as a Roman Catholic.

Father's Signature _____ Date _____ and/or Mother's Signature _____ Date _____

Requested Date of Baptism: English _____ (1st & 3rd Saturday) Spanish _____ (2nd & 4th Saturday)