

Baptismal Registration Form

Family Name _____

Address _____ Postal Code _____

E-mail _____ Home Telephone _____

Father's Work Telephone _____ Mother's Work Telephone _____

Child's Full Name _____

Date of Birth: **Year** _____ **Month** _____ **Day** _____

Place of Birth: (*city*) _____

Father's Name: _____

Mother's First Name and Maiden Name: _____

Father's Religion: _____ Mother's Religion: _____

Parish where you normally worship: _____

Were you married in the Roman Catholic Church? _____ yes _____ no

Were you married in another Christian Tradition? _____ yes _____ no

Name of Church where married: _____

Were you married in a Civil Ceremony? _____

Please List Names, ages and Religion of other children: _____

(Godparent must be Roman Catholic and only one is necessary)

Name of Godmother _____

Name of Godfather _____

Name of Christian Witness (*if baptized Christian in another tradition*): _____

Parish Use Only

Date Returned: _____

Baptism Class: _____ Baptism: _____