



St. Theresa Catholic Church
P.O. Box 37
18-1355 Volcano Hwy.
Mountain View, HI 96771
Ph: (808) 968-6233 Fax: (808) 968-6215
Baptismal Registration



(Filling out form online, please save form to computer. Send as an attachment to email)

Child's Name: _____

(AS IT APPEARS ON THE BIRTH CERTIFICATE)

Sex of Child: ☐ M ☐ F Birth Date _____ City, State of Birth _____

Family Address _____
(City) (State) (Zip Code)

Father's Name: _____ Phone: _____
First Middle Initial Last

Mother's Maiden Name: _____ Phone: _____
First Middle Initial Last

Religion of Father: _____ Religion of Mother: _____

Are Parent Married? ☐ No ☐ Yes By Whom? ☐ Priest ☐ Judge ☐ Other _____

Godparent and Christian Witness Information:

Godparents must be Confirmed and practicing Catholics. Only two names may be listed as Godparents. All others must be listed as "Christian Witness".

Godparent's Name: _____

Godparent's Name: _____

I certify that the Godparents are practicing and confirmed Catholics ☐ Yes

Is either Godparent Represented by Proxy? ☐ No ☐ Yes

_____ will proxy for _____
(Name of Proxy) (Name of Godparent)

Witnesses: (Add additional names to back of this form)

Christian Witnesses:

*Catholic and Christian Witnesses will be listed on the back of the Certificate

Office Verification:

Date of Initial Interview: _____ Copy of Birth Certificate: ☐ Yes ☐ No

Date of Instruction _____ Attended Class: ☐ Yes ☐ No

Date of Baptism: _____ Pastor or Deacon _____

Book _____ Page _____ No _____