



BAPTISM REGISTRATION FORM

Child's name: _____ Date of birth: _____

Father's name: _____

Mother's maiden name: _____

Address: _____

Telephone: _____ (C or H) _____ (C or H)

Godfather's Name: _____

Godmother's Name: _____

Parent(s) Baptism preparation class completed on: _____

Godparent(s) Baptism preparation class completed on: _____

Documents

Copy of child's birth certificate _____ (to confirm correct spelling of names and date/place of birth)

Certificate of Baptism prep class (parents) _____ Godparent(s) _____

FOR PARISH USE ONLY

Scheduled date of baptism: _____ Time: _____

Priest or Deacon: _____