

Information for Baptism Register

Today's date: _____

Child's name: _____ Male _____ Female _____

Date of birth: _____

Place of birth: _____ Hospital: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Telephone number: _____

Physical Address: _____

Father's name: _____

Religion of father: _____

Baptized: Yes _____ No _____

Mother's first name and maiden name: _____

Religion of Mother _____

Baptized: Yes _____ No _____

Church married in: _____

Godfather's name: _____

Religion of Godfather: _____

Baptized: Yes _____ No _____

Godmother's name: _____

Religion of Godmother: _____

Baptized: Yes _____ No _____

Baptism scheduled for (date): _____

Baptism performed by: _____