Baptism Registration

Name of Child_____
(first) (middle) (last)

Date of Birth_____ Male_____ Female_____ Is Child Adopted? _____

Place of Birth_____
(city) (state)

Desired Date(s) of Baptism_____
**Desired Date of Baptism First Sunday of month at 10:30 am Mass or Third Saturday of the month at 12:30pm.*

Father's Name
_____ Relgion_____

(first) (middle) (last) (If Catholic, have all Sacraments been received? Yes or No)

Email_____ Phone _____

Mother's Name
_____ Religion _____
(first) (middle) (maiden) (last) (If Catholic, have all Sacraments been received? Yes or No)

Email_____ Phone _____

Address_____

City_____ State_____ Zip_____

Are you registered at All Saints Parish? Yes_____ No_____

If registered at another parish, All Saints will need permission from your pastor to perform Baptism at All Saints

Godparent(s):

Name (male) _____ Religion_____

Name (female) _____ Religion_____

When choosing a Godparent please see the requirements listed on the Godparent Eligibility Form.

By Signing below, I certify that all information provided on this form is true and correct, and I hereby give permission for the baptism of the above-named child in the Catholic Church

_____ _____
Signature of Father *Date*

_____ _____
Signature of Mother *Date*

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For office use:

Baptism Prep Completed_____

Celebrant_____ Date of Baptism_____

Certificate _____ Parish Soft _____Sacramental Book____

Celebrant's Signature_____ __ Date_____ *Form Revised July 15, 2026*