



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 8:30 am Mass or Third Saturday of the month at 12:30pm.*

Father's Name

Religion _____

(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

For office use:

Baptism Prep Completed _____

Celebrant _____ Date of Baptism _____

Certificate _____ Parish Soft _____ Sacramental Book _____

Celebrant's Signature _____ Date _____ Form Revised July 15, 2026