

BAPTISM
Holy Apostles Parish

Registration Form

Name of Child: First: _____ Middle: _____
Last: _____ Suffix: _____
Male: _____ Female: _____
Residence: _____
Telephone Number: _____ Email: _____
Date of Birth: _____ City/State of Birth: _____

FAMILY INFORMATION

Full Name of Father: First: _____ Middle: _____
Last: _____ Suffix: _____
Religion of the Father: _____
Full Name of Mother: First: _____ Middle: _____
(Maiden): _____ Suffix: _____
Religion of the Mother: _____
Were the Parents Married by a Catholic Priest/Deacon? Yes No
Date of Marriage: _____ Name of Priest/Deacon: _____
Location of Marriage (Church, City, State): _____

GODPARENT INFORMATION

(At least one of the Godparents must be a baptized, confirmed and a Catholic in good standing [if married, married in the Catholic Church]. See our website for more information, or ask the priest)

Full Name of Godfather: First: _____ Middle: _____
Last: _____ Suffix: _____
Religion of Godfather: _____
Was the Godfather confirmed (if Catholic)? Yes No
If married, the Godfather is married in the Catholic Church? Yes No Not Married
Full Name of Godmother: First: _____ Middle: _____
Last: _____ Suffix: _____
Religion of Godmother: _____
Was the Godmother confirmed (if Catholic)? Yes No
If married, the Godmother is married in the Catholic Church? Yes No Not Married
Is either Godparent represented by a proxy? Yes No
Name(s) of Proxy: _____
Was the child privately baptized? Yes No
Was the child adopted? Yes No
Notes: _____