

# Registration For Baptism

**For office use only**

Paid	Priest/ Deacon	Date of Baptism	Time of Baptism
Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate of Godfather Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate of Godmother Yes <input type="checkbox"/> No <input type="checkbox"/>	Entered in Baptismal Register Date -

Prep class date \_\_\_\_\_ Signature \_\_\_\_\_

**Child's Information**

Last Name	Name	Middle Name
Town/ City / State of Birth		Child's Date of Birth

**Parent's Information**

Fathers Last Name	Father's Name	Father's Middle Name
Mother's Maiden Name	Mother's Name	Mother's Middle Name
Home Address		
Telephone Number	Registered Parishioners Yes <input type="checkbox"/> No <input type="checkbox"/>	
Married in a Catholic Church? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Church	

**Godparent's Information**

Name of Godfather	Name of Godmother
Baptized Yes <input type="checkbox"/> No <input type="checkbox"/>	Baptized Yes <input type="checkbox"/> No <input type="checkbox"/>
At least 16 years old Yes <input type="checkbox"/> No <input type="checkbox"/>	At least 16 years old Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmed Yes <input type="checkbox"/> No <input type="checkbox"/>	Confirmed Yes <input type="checkbox"/> No <input type="checkbox"/>
If married, in a Catholic Church? Yes <input type="checkbox"/> No <input type="checkbox"/>	If married, in a Catholic Church? Yes <input type="checkbox"/> No <input type="checkbox"/>