

BAPTISM REGISTER FORM

Date: _____

Name of Child _____

Date of Birth _____ Place of Birth _____

Residence _____

Telephone Number _____

Call Parish Office to Schedule Date & Time of Baptism _____

Fathers Name _____ Religion _____

Mothers Full Maiden Name _____ Religion _____

Are Parents Married? _____ by a Catholic Priest? _____

Godfathers Name _____

Is Godfather Catholic? _____ Over 16? _____ Confirmed? _____

Godmothers Name _____

Is Godmother Catholic? _____ Over 16? _____ Confirmed _____

Will either Godparent be represented by Proxy? _____

Name of Proxy _____

Was the child Privately Baptized? _____

Has child been adopted? _____

Have you attended a Baptism Class in the last 3 years? _____

If no, month you will be attending class _____

Are you registered in the parish? _____ If no, do you wish to register _____

Name of person conducting class _____ Date attended _____

