BAPTISM REGISTRATION

CHILD'S INFORMATION:
Full name _____ Boy or Girl_____ Age_____

Birth date_____City and State of Birth_____

PARENTS' INFORMATION:
Father's name_____ Marital Status_____

Mother's name_____ Valid Catholic Marriage (y/n)_____

RESIDENTIAL INFORMATION:
Address_____

City, State_____ Zip_____Home Phone_____

Father's Work Phone_____ Father's Cell Phone_____

Mother's Work Phone_____ Mother's Cell Phone_____

Email_____

GODPARENT INFORMATION:
Godfather_____

Marital Status_____ Valid Catholic Marriage (y/n)_____

Godmother_____

Marital Status_____ Valid Catholic Marriage (y/n)_____

FOR OFFICE USE ONLY

DATE OF BAPTISM PREP CLASS:_____

DATE OF BAPTISM:_____

rev. 1-20-2021