



BAPTISM REGISTRATION FORM

English: ____

Spanish: ____

Italian: ____

Date of Baptism: _____

Date of Baptism Class: _____

Date of Presentation: _____

**TO BE FILLED IN
BY CLERGY**

Name of Child: _____

Address: _____

Telephone Number: Home: _____

Father's Cell: _____

Mother's Cell: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Sibling: _____ DOB: _____

Sibling: _____ DOB: _____

Father's Name: _____

Religion: _____

Mother's Maiden Name: _____

Religion: _____

Were Parents married by a Catholic Priest? Yes No

Did Parents attend Baptism Preparation Class? Yes No

If Yes: Parish: _____

 Date: _____

Godfather's Name: _____

Religion: _____

Godmother's Name: _____

Religion: _____

Did Godparents attend Baptism Preparation Class? Yes No

If Yes: Parish: _____

 Date: _____

Is either Godparent represented by proxy? Yes No

If Yes: Name of Proxy: _____

 Proxy for: Godfather Godmother

Was the Child privately Baptized? Yes No

If Yes: Parish: _____

 Date: _____

 Name of Minister: _____

Was the Child adopted? Yes No

Birth Certificate Number: _____

Name of Intake Priest: _____

Date of Intake: _____

If Parents and Godparents attended Baptism Preparation Class in another Parish, check if proper documentation has arrived from said Parish:

Documentation Received

Parish: _____

Date Received: _____