



OUR LADY OF GOOD COUNSEL
ROMAN CATHOLIC CHURCH

Baptism Registration Form

Date of Baptism

Saturday 12PM

Sunday Mass 10AM or 11:30AM

Name of Child _____ Male / Female _____

Date of Birth _____

Place of Birth (City, State) _____

Is this your first child? _____

Address _____

Telephone Number _____

Email Address _____

Father's Full Name _____

Father's Religion _____

Mothers Full MAIDEN Name: _____

Mother's Religion _____

Godfather's Name: _____

Is the Godfather Catholic? _____

Godmother's Name: _____

Is the Godmother Catholic? _____

Is either Godparent represented by a proxy? _____

Name of Proxy _____

Was the child privately baptized? _____

Was the child adopted? _____

OFFICE USE ONLY

Name of Celebrant _____

Date of Baptism Preparation Class _____

PC _____ Register _____ Offering _____ Prep Class _____