



BAPTISM REGISTRATION

Date of Baptism: _____ Time: 9:00a.m.

Child's Information:

Name: _____
First Middle Last
Date of Birth: _____ / _____ / _____ Birth Place: _____
Month Day Year City State

Parents Information:

Father's Name: _____ Religion: _____
Mother's Name: _____ Religion: _____
Address: _____
Telephone No.: (____) _____ (____) _____
Are parents married by the Church? _____ If No, would you like to get married by Church? _____

Godparents Information:

Godfather's Name: _____ Age: _____
Address: _____
Telephone No.: (____) _____
Single? _____ Married by Church? _____ If Yes, where? _____
If Godparents live in the same address please specify relationship: _____
Godmother's Name: _____ Age: _____
Address: _____
Telephone No.: (____) _____
Single? _____ Married by Church? _____ If Yes, where? _____
If Godparents live in the same address please specify relationship: _____

I have read the brochure, and I agree with the terms and requirements for the Baptism of my child.

Signature: _____ Date: _____

For Office Use Only

Class Date: _____ Time: _____
Receipt Number: _____ Amt. \$ _____
Entered By: _____ Date: _____