



Baptismal Registration

Holy Redeemer Parish

9705 Summit Avenue, Kensington, MD 20895-3699

301-942-2333

Date: _____

Registered Parishioner Y___ N___

Name of child _____

(First)

(Middle)

(Last)

Date of Birth: _____ / _____ / _____
Month Day Year

Sex: (M) _____ (F) _____

Place of Birth _____
City State

Parents: Were the parents married by a Catholic Priest or Deacon? _____ Was the child privately baptized? _____

Father's name _____

First

Middle

Last

Father's Religion: _____ Current Parish _____

I have received the Sacraments of Baptism yes ___ no ___ Eucharist yes ___ no ___ and Confirmation yes ___ no ___

Mother's name _____

First

Middle

Last

Maiden Name (required)

Mother's Religion: _____ Current Parish _____

I have received the Sacraments of Baptism yes ___ no ___ Eucharist yes ___ no ___ and Confirmation yes ___ no ___

Street Address _____ Apt. _____

City State ZIP Code

Home Phone _____ Secondary Phone _____ Email _____

Godfathers' Name: _____

First

Middle

Last

God Fathers' Religion: _____ Current Parish _____

I have received the Sacraments of Baptism yes ___ no ___ Eucharist yes ___ no ___ and Confirmation yes ___ no ___

(If Married) I am married according to the laws of the Catholic Church yes ___ no ___

Godmothers' Name: _____

First

Middle

Last

God Mothers' Religion: _____ Current Parish _____

I have received the Sacraments of Baptism yes ___ no ___ Eucharist yes ___ no ___ and Confirmation yes ___ no ___

(If married) I am married according to the laws of the Catholic Church yes ___ no ___

Rectory Use Only

Interviewed By: _____ Baptism Preparation Class _____ / _____ / _____
Month Date Year

Date of Baptism: _____ / _____ / _____ Name of Deacon/Priest who performed the Sacrament _____
Month Date Year