



## BAPTISMAL REGISTRATION PARENT FORM

Reg. Form	
Birth Cert.	
GP/Sponsor Form	
Parent Class	
GP/Sponsor Class	

Today's Date \_\_\_\_\_

Please print information exactly as you wish it to appear on the certificate.

Full name of child being baptized \_\_\_\_\_  
First
Middle
Last

**\*Please attach a copy of birth certificate**

Child adopted: YES NO

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City, ST \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_

Religion: \_\_\_\_\_

Church attends: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_

Religion: \_\_\_\_\_

Church attends: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_ Engaged

How long married: \_\_\_\_\_ years. Married by Catholic Priest/Deacon: \_\_\_\_\_

**Godfather/Sponsor:** \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Religion: \_\_\_\_\_

\*Proxy (if needed) \_\_\_\_\_

**Godmother/Sponsor:** \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Religion: \_\_\_\_\_

\*Proxy (if needed) \_\_\_\_\_

Parents Attended Baptism Class? If Yes, Date: \_\_\_\_\_ Where? \_\_\_\_\_

Godparent attended Baptism Class? If Yes, Date: \_\_\_\_\_ Where? \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Emergency Baptism: YES NO

Name of baptizing priest/deacon: \_\_\_\_\_