CATHEDRAL
OF THE IMMACULATE CONCEPTION
CHAPEL OF SAINTS PETER AND PAUL

BAPTISMAL REGISTRATION PARENT FORM

*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: _____