



BAPTISMAL REGISTRATION PARENT FORM

Reg. Form	
Birth Cert.	
Parent Class	
GP/Sponsor Form	
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 by Priest Civil Marriage Single Engaged

Parents Attended Baptism Class? If Yes, Date: _____ Where? _____

*Attach proof of completed class

Godparents must meet all requirements as detailed in Canon Law §874

Godfather _____

Phone _____

Name and location of his church _____

Religion: _____

*Proxy (if needed) _____

Godmother _____

Phone _____

Name and location of her church _____

Religion: _____

*Proxy (if needed) _____

Section below is for office use

Godparent attended Baptism Class? If Yes, Date: _____ Where? _____

Date of Baptism: _____ Emergency Baptism: YES NO

Cathedral or Chapel _____ Name of baptizing priest/deacon: _____