



## 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: \_\_\_\_\_