



BAPTISMAL REGISTRATION PARENT FORM

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

Today's Date _____

Please print information exactly as it would appear on the birth 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 ____ Cohabiting ____ Single ____

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

***Attach proof of completed class if you did not attend at our Cathedral. Classes are valid for 2 years.**

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: _____