REGISTRATION FOR BAPTISM

Date Class Attended:_____
Class Instructor Initials:_____

DATE OF BAPTISM:_____ TIME: _____

NAME OF CHILD: _____ MALE _____ FEMALE ____
first middle last

DATE OF BIRTH: _____ CITY OF BIRTH:_____

HOME ADDRESS: _____

PHONE: _____
(Home) (Work) (Cell)

EMAIL ADDRESS: _____

FATHER'S FULL NAME:_____
first middle last

RELIGION:_____ REGISTERED AT:_____

MOTHER'S FULL NAME: _____
first middle maiden

RELIGION: _____ REGISTERED AT: _____

MARRIED: DATE: _____
PARISH: _____
PRIEST: _____

SPONSOR'S FULL NAME:_____

RELIGION:_____ REGISTERED AT:_____

SPONSOR'S FULL NAME:_____

RELIGION: _____ REGISTERED AT:_____

Was the child baptized privately due to an emergency? Yes _____ No _____

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Office Use Only:

BAPTIZED BY: _____

Recorded in: Volume _____ Page _____ #_____

Certificate _____ Computer _____ Bulletin _____