

Baptism Registration Form

Today's Date: _____ Baptism Class Date: _____ Baptism Date: _____

Name of Child: _____
first middle last

Place of Birth: _____
city state

Date of Birth: _____ Due Date: _____
month day year month day year

PARENT INFORMATION

Father's Name: _____
first middle last

Father's Religion: _____

Mother's Name: _____
first middle last maiden (**required**)

Mother's Religion: _____

Home Address: _____

City _____ State _____ Zip _____ Phone Number: () _____ - _____

Parents Married yes no In the Catholic Church? yes no Wedding Date: ____/____/____

Name of Church _____ City _____ State _____

Mass Attendance: Regularly Occasionally Seldom

Registered at St. John the Baptist on _____

GODPARENT INFORMATION

Godfather's Name: _____
first middle last

Godfather's Religion: _____ Letter from Parish _____

Godmother's Name: _____
first middle last

Godmother's Religion: _____ Letter from Parish _____

Godparents have both been Baptized? yes no (**required**)

Reminder for Baptism Class? call e-mail _____ text _____
and service provider

OFFICE USE ONLY

Date Attended Class _____ Baptism Team Signature _____

Priest/Deacon _____ Certificate _____ Recorded _____ Registration Updated _____

Enrolled in Baptism Mailing Program yes No notes: _____