

BAPTISM REGISTRATION

Preferred Date of Baptism: _____

Baptisms are scheduled for the first Sunday of each month. Both parents must have attended a Baptism preparation class within the last five years before having a child baptized.

Name of Child: _____
(Full Legal Name of the Child)

Date of Birth: _____ - _____ - _____

Place of Birth: _____
(City)

Father's Name: _____
(First) (MI) (Last)

Father's Religion: _____

Mother's Name: _____ (_____)
(First) (MI) (Maiden Name)

Mother's Religion: _____

Address: _____ Phone: _____ - _____ - _____
(Street) (City)

Where were you married? _____ ; _____ , _____
(e.g., Name of Church/Court) (City) (State)

Were you married by a Catholic Priest or Deacon? Yes No

Are you a registered member of St. Mary of the Falls? Yes No

Did you attend a Baptism Preparation Class? Date: _____ - _____ - _____ Place _____

Was your child baptized at the hospital or at anytime since birth (possibly due to life or death emergency)? No () Yes ()

Was your child adopted? No () Yes () If yes, was your child ever baptized before? No () Yes () Not Sure ()

SPONSOR INFORMATION (Please see other side before completing this portion)

Godfather's Name: _____ Religion _____
(First) (M.I.) (Last) (If Catholic, sponsor certificate required)

Godmother's Name: _____ Religion _____
(First) (M.I.) (Last) (If Catholic, sponsor certificate required)

Will both Godparents be at the Baptism? No () Yes ()

If not, who will stand as proxy? _____ For whom? _____

(For Office Use)

Actual Date of Baptism: _____ - _____ - _____ Celebrant: _____

Recorded in the Sacramental Records by: _____

(Revised 1/06)