

Date of Initial Contact _____

Payment _____

Payment Type CHECK _____

CASH _____

Priest _____

BAPTISM REGISTRATION FORM

(Revised 9-20-2023)

Please fill in the below information. This information will be used for your child's baptismal record in the Sacramental books.

Please Print

Name _____

Address _____ City _____

Contact Numbers _____

Date of Baptism _____

Baptism will take place at Name of Parish _____

_____ During Mass OR After Mass _____

Child's Full Name _____

Date of Birth _____

Place/City/State of Birth _____

Father's Full Name _____

Mother's Full Name _____

Mother's Maiden Name _____

Godparents information (Please Print)

Godfather _____ Phone _____

Parish _____ Address _____

Godmother _____ Phone _____

Parish _____ Address _____

(For 1st Child Only) Class date _____ Completed _____