



Date of Baptism _____
Time _____
Language _____
Parishioner No Yes

BAPTISM REGISTRATION FORM

Child's Name _____
First Middle Last

Date of Birth _____
Month Day Year

Hospital where child was born _____
Name City, State

Father's Name _____ Religion _____
First Middle Last

Mother's Name _____ Religion _____
First Middle Maiden

Home Address _____ Phone () _____

City _____ State _____ Zip Code _____

Church of Marriage _____
Name City, State

Godfather's Name _____ Religion _____

Godmother's Name _____ Religion _____

For office use only

Date Baptism Called In _____

Approval _____

Priest _____