

# BAPTISMAL REGISTRATION FORM

( PLEASE PRINT CLEARLY )

Full name of child to be baptized: \_\_\_\_\_

Requested baptism date: \_\_\_\_\_ (Birth certificate **MUST** be attached)

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ City of birth: \_\_\_\_\_

**P A R E N T S** (Guardians)

Father's full name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's full name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Registered parishioner family name: \_\_\_\_\_ Envelope #: \_\_\_\_\_

**G O D P A R E N T S** (Sponsors)

*Only one godparent is required and must be a confirmed practicing Catholic, over the age of 16.  
Any additional non-Catholic baptized person may act as a Christian witness.*

Godparent/Sponsor's name: \_\_\_\_\_ Catholic? \_\_\_\_\_

If not Catholic, what Christian faith tradition do you follow? \_\_\_\_\_

Godparent/Sponsor's name: \_\_\_\_\_ Catholic? \_\_\_\_\_

If not Catholic, what Christian faith tradition do you follow? \_\_\_\_\_

**BAPTISMAL SESSIONS** (Must be completed prior to scheduling a baptism date.)

*Preparation Sessions do not have to be taken at Holy Family. If taken through another parish, please provide a letter or certificate issued by them stating that you've completed a class. **Classes are good for 4 years.***

Parent information session completed on: \_\_\_\_\_ At: \_\_\_\_\_

Parent preparation session completed on: \_\_\_\_\_ At: \_\_\_\_\_

Godparent preparation session completed on: \_\_\_\_\_ At: \_\_\_\_\_

**O F F I C E U S E O N L Y !** ( Please do not write below this line. )

Paperwork received on: \_\_\_\_\_ by: \_\_\_\_\_ Donation received on: \_\_\_\_\_ by: \_\_\_\_\_

**Baptized by:** \_\_\_\_\_ **Baptism Date:** \_\_\_\_\_

- Child added to Parish Soft     Baptism Book     Excel     Print     Sent