



BAPTISMAL REGISTRATION FORM



(PLEASE PRINT CLEARLY)

Full name of child to be baptized: _____

(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: () _____

If a registered parishioner, family name: _____ Envelope #: _____

G O D P A R E N T S

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

Godfather's name: _____ Catholic? _____

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

Godmother's name: _____ Catholic? _____

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

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

*Preparation Classes 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 meeting completed on: _____ With: Fr. Albert _____ Fr. Andrew _____

Parent information class completed on: _____ At: _____

Parent preparation class completed on: _____ At: _____

Godparent preparation class completed on: _____ At: _____

Requested baptism date: _____

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