

DATE:		
	M/D/VV	

Baptism Registration Form

Preferred Lar	nguage of D	aptism:			Sunday Envelope #:			
ENGLISH	SPA	ANISH	VIETN	IAMESE	Preferred	Baptism Date: _	M/D/YY	
CHILD:	FIRST NA	ME:		MI: LA	ST NAME:			
	DATE OF BIRTH:		M/D/W/	PLACE OF	BIRTH:			
EATHED.				LAST NAM				
	IOLIC?						NO	
MOTHER:	FIRST NAME: MAIDEN NAME:							
	IOLIC?						NO	
ADDRESS:				CITY:		ZIPCODE: _		
PHONE:			EMAIL	:				
Do the paren	ts accept th	e responsibili	ty of raising	the child in the Ca	tholic Faith ar	nd providing him	/her with	
religious instr	ruction?			YES	NO)		
Are the parer	nts married?)		YES	NO	O		
In the Cathol	ic Church?			YES	NO	O		
Are the parer	nts registere	ed in this paris	h?	YES	NO	O		
GODFATHER	R (MUST BE	A PRACTICII	NG CATHO	DLIC):				
FIRST NAME:			LAST NAM	_ LAST NAME:				
GODMOTHE	er (must b	E A PRACTIC	ING CATH	OLIC):				
FIRST NAME:				LAST NAM	_ LAST NAME:			
CHRISTIAN V	WITNESS (I	F APPLICABL	.E):					
FIRST	NAME:			LAST NAM	1E:			

Choices:

- 1. One (1) Catholic Godparent (of either gender)
- 2. Two (2) Catholic Godparents (one of each gender)
- 3. One (1) Catholic Godparent (of either gender) AND One (1) Christian Witness (of the opposite gender)