

# BAPTISMAL REGISTRATION FORM

DATE OF THE BAPTISM: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBERS: Work- \_\_\_\_\_ Home- \_\_\_\_\_ Cell- \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

RELIGION OF FATHER: \_\_\_\_\_

MOTHER'S NAME: (Including maiden name) \_\_\_\_\_

RELIGION OF MOTHER: \_\_\_\_\_

CHURCH WHERE PARENTS MARRIED: \_\_\_\_\_

GODFATHER'S NAME: \_\_\_\_\_

IS GODFATHER A PRACTICING CATHOLIC AND HAS RECEIVED THE SACRAMENT OF BAPTISM? \_\_\_\_\_

GODMOTHER'S NAME: \_\_\_\_\_

IS GODMOTHER A PRACTICING CATHOLIC AND HAS RECEIVED THE SACRAMENT OF BAPTISM? \_\_\_\_\_

WILL GODPARENT(S) BE REPRESENTED BY PROXY? \_\_\_\_\_

WAS THE CHILD PRIVATELY BAPTIZED? \_\_\_\_\_

WAS THE CHILD ADOPTED? \_\_\_\_\_

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TO BE COMPLETED BY ST. LEO OFFICE:

REGISTRATION NUMBER IN THE PARISH: \_\_\_\_\_

FEE: \_\_\_\_\_

RECEIVED LETTER CONFIRMING GODFATHER ELIGIBILITY: YES NO

RECEIVED LETTER CONFIRMING GODMOTHER ELIGIBILITY: YES NO

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_