

# BAPTISMAL REGISTRATION FORM

DATE: \_\_\_\_\_

**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 WITH ALL 3 SACRAMENTS OF INITIATION? \_\_\_\_\_

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

IS GODMOTHER A PRACTICING CATHOLIC WITH ALL 3 SACRAMENTS OF INITIATION? \_\_\_\_\_

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

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

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

ARE THERE ANY SIBLINGS? \_\_\_\_\_

## To be completed by St. Leo Parish Office:

CLASS SCHEDULED: \_\_\_\_\_ COMPLETED CLASS:

DATE

**BAPTISM SCHEDULED:** \_\_\_\_\_

DATE

## DISTRIBUTION LIST FOR BAPTISM REGISTRATION FORM:

**PRIEST TO PERFORM BAPTISM:** \_\_\_\_\_

SACRISTAN:

CALENDAR:

CERTIFICATE COMPLETE:

POSTED IN REGISTER:

RECEIVED LETTER CONFIRMING GODFATHER ELIGIBILITY: \_\_\_\_\_

RECEIVED LETTER CONFIRMING GODMOTHER ELIGIBILITY: \_\_\_\_\_