

2017 BAPTISM REGISTRATION

Today's Date ____ / ____ / ____

1. Full Name of Child _____

2. Family Address _____

City _____ State _____ Zip _____

3. Sex: Male Female

Date of Birth: ____ / ____ / ____ City _____ State _____ Country of Birth _____

4. Mother's FULL MAIDEN Name _____

Religion _____

Cell phone _____ Evening phone _____

E-mail address _____

5. Father's Full Name _____

Religion _____

Cell phone _____ Evening phone _____

E-mail address _____

6. Are the parents married? Yes No (This is not requirement for baptism.)

7. Godmother's Full Name _____

Catholic? Baptized other Christian?

8. Godfather's Full Name _____

Catholic? Baptized other Christian?

9. Preferred liturgy and date for Baptism: (Please Choose a weekend and formation class where you'll be able to attend both)

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Jan 21 Saturday 5:15 pm | <input type="checkbox"/> Jan 22 Sun 9:00 am | <input type="checkbox"/> Sun 11:00 am | Formation Class: Jan 14 10:00 am |
| <input type="checkbox"/> Apr 29 Saturday 5:15 pm | <input type="checkbox"/> Apr 30 Sun 9:00 am | <input type="checkbox"/> Sun 11:00 am | Formation Class: Apr 25 6:30 pm |
| <input type="checkbox"/> July 8 Saturday 5:15 pm | <input type="checkbox"/> July 9 Sun 9:00 am | <input type="checkbox"/> Sun 11:00 am | Formation Class: June 27 6:30 pm |
| <input type="checkbox"/> Oct 28 Saturday 5:15 pm | <input type="checkbox"/> Oct 29 Sun 9:00 am | <input type="checkbox"/> Sun 11:00 am | Formation Class: Oct 21 10:00 am |

10. Reserved seating is needed for _____ guests. _____

Date Received ____ / ____ / ____ Church of Baptism _____

Officiant _____ CC _____ REC _____