

# 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"/> <b>Jan 21</b> Saturday 5:15 pm  | <input type="checkbox"/> <b>Jan 22</b> Sun 9:00 am | <input type="checkbox"/> Sun 11:00 am | Formation Class: <b>Jan 14</b> 10:00 am |
| <input type="checkbox"/> <b>Apr 29</b> Saturday 5:15 pm  | <input type="checkbox"/> <b>Apr 30</b> Sun 9:00 am | <input type="checkbox"/> Sun 11:00 am | Formation Class: <b>Apr 25</b> 6:30 pm  |
| <input type="checkbox"/> <b>July 8</b> Saturday 5:15 pm  | <input type="checkbox"/> <b>July 9</b> Sun 9:00 am | <input type="checkbox"/> Sun 11:00 am | Formation Class: <b>June 27</b> 6:30 pm |
| <input type="checkbox"/> <b>Oct. 21</b> Saturday 5:15 pm | <input type="checkbox"/> <b>Oct 22</b> Sun 9:00 am | <input type="checkbox"/> Sun 11:00 am | Formation Class: <b>Oct 7</b> 10:00 am  |

10. Reserved seating is needed for \_\_\_\_\_ guests. \_\_\_\_\_

Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Church of Baptism \_\_\_\_\_

Officiant \_\_\_\_\_ CC \_\_\_\_\_ REC \_\_\_\_\_