

2019 - 2020 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"/> Oct 19 Sat 5:15 pm | <input type="checkbox"/> Oct 20 Sun 9:00 am | <input type="checkbox"/> Oct 20 Sun 11:00 am | Formation Class: Oct 12 10:00 am |
| <input type="checkbox"/> Jan 18 Sat 5:15 pm | <input type="checkbox"/> Jan 19 Sun 9:00 am | <input type="checkbox"/> Jan 19 Sun 11:00 am | Formation Class: Jan 11 10:00 am |
| <input type="checkbox"/> Apr 25 Sat 5:15 pm | <input type="checkbox"/> Apr 26 Sun 9:00 am | <input type="checkbox"/> Apr 26 Sun 11:00 am | Formation Class: Apr 18 10:00 am |
| <input type="checkbox"/> Jul 18 Sat 5:15 pm | <input type="checkbox"/> Jul 19 Sun 9:00 am | <input type="checkbox"/> Jul 19 Sun 11:00 am | Formation Class: Jul 11 10:00 am |
| <input type="checkbox"/> Oct 17 Sat 5:15 pm | <input type="checkbox"/> Oct 18 Sun 9:00 am | <input type="checkbox"/> Oct 18 Sun 11:00 am | Formation Class: Oct 10 10:00 am |

10. Reserved seating is needed for _____ guests.

Date Received ____ / ____ / ____ Officiant _____

GD _____ BC _____ REC _____