

St. John the Baptist Catholic Church

Baptismal Registration Form

Name of Child: _____ Date of Birth: _____

City of Birth: _____

Father's Name: _____ Mother's Maiden Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

What Parish do parents belong to? _____

Attend Church regularly? Father: ___ Yes ___ No Mother: ___ Yes ___ No

Marital Information:

Parents Married by Catholic Church? ___ Yes ___ No Date of Marriage: _____

Godparents:

Name (1): _____ Name (2): _____

Age: ___ Religion: _____ Age: ___ Religion: _____

Have the Godparents received the following sacraments?

Godparent (1) Baptism ___ Yes ___ No Godparent (2) Baptism ___ Yes ___ No

Confirmation ___ Yes ___ No Confirmation ___ Yes ___ No

First Communion ___ Yes ___ No First Communion ___ Yes ___ No

Are the above Godparents currently practicing his/her Catholic Faith?

(1) ___ Yes ___ No (2) ___ Yes ___ No

If married, are the above Godparents married validly in the Church? ___ Yes ___ No

If single, is either of the above Godparents living together with someone outside the Sacrament of Marriage? ___ Yes ___ No

If the Godparents are unable to be present for the ceremony, the following will serve as

Proxy: _____

For Office Use Only:

Date of Baptism: _____ Birth Certificate: _____ Marriage Certificate: _____

Date of Baptism Class: _____ Baptismal Fee: _____ Sacramental Records: _____

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