

Registration for Infant Baptism

Please print.

Child's Name: _____
First Middle Last

Male ___ Female ___

Date of Birth (MM/DD/YY): ____/____/____

City, State (and Country, if Outside the United States) of Birth: _____

A copy of the child's birth certificate must be submitted at the time of registration.

Is the child adopted? Please circle— Yes No Baptized in emergency? Please circle— Yes No

Home Address: _____
Street Address

City State Zip

Phone: (_____) _____ - _____

Father's Name: _____
First Middle Last

Father's Religion: _____

Mother's Name: _____
First Middle Last Maiden

Mother's Religion: _____

If one of the parents is **not** Catholic, would there be an interest in joining the Church? Please circle— Yes No N/A

Godparents:

Godfather's Name: _____
First Last

Godfather Qualifications (Code of Canon Law c. 874):

1. Is the godfather 16 years of age or older? Please circle— Yes No
2. Is the godfather a Catholic who has been baptized and received the Sacraments of Confirmation and First Communion?
 Please circle— Yes No
3. Does the godfather practice the Catholic faith, including regular attendance at Sunday Mass (except in case of illness or other good reason)? Please circle— Yes No
4. If the godfather is married, is he married in the Catholic Church? Please circle— Yes No N/A (not married)

Godmother's Name: _____
First Last

Godmother Qualifications (Code of Canon Law c. 874):

1. Is the godmother 16 years of age or older? Please circle— Yes No
2. Is the godmother a Catholic who has been baptized and received the Sacraments of Confirmation and First Communion?
Please circle— Yes No
3. Does the godmother practice the Catholic faith, including regular attendance at Sunday Mass (except in case of illness or other good reason)? Please circle— Yes No
4. If the godmother is married, is she married in the Catholic Church? Please circle— Yes No N/A (not married)

Will both the godfather and godmother be present for the baptismal liturgy? Please circle— Yes No

If not, Name of Proxy: _____

Signed: _____
Signature of Parent or Guardian Date

Office Use Only

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Scheduled Class Date ____/____/____

Scheduled Date of Baptism ____/____/____

Will there be a non-Catholic Christian witness? If so—

Name: _____
First Last

Priest Review:

Reviewing Priest _____ Date: _____

Reviewing Priest Notes: _____
