

BAPTISM REGISTRATION FORM

FULL NAME OF CHILD: _____

MAILING ADDRESS OF FAMILY: _____

CONTACT PHONE NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF BAPTISM: _____

FATHER'S FULL NAME: _____

RELIGION OF FATHER: _____

MOTHER'S FULL NAME: _____

MOTHER'S MAIDEN NAME: _____

RELIGION OF MOTHER: _____

GODFATHER'S FULL NAME: _____

RELIGION OF GODFATHER: _____

GODMOTHER'S FULL NAME: _____

RELIGION OF GODMOTHER: _____

IS EITHER GODPARENT REPRESENTED BY PROXY? _____

FULL NAME OF PROXY: _____

WAS THE CHILD PRIVATELY BAPTIZED? _____

WAS THE CHILD ADOPTED? _____