

BAPTISMAL REGISTRATION FORM

Records (office use only) Page: _____ Number: _____ Initials: _____

Priest/Deacon Signature: _____

Baptismal Class Completion Date: _____ (Proposed) Date & Time of Baptism: _____
(MOST RECENT)

CHILD'S INFORMATION

ADOPTED? : YES NO

NAME: _____ Gender: Male Female
(FIRST) (MIDDLE) (LAST)

ADDRESS: STREET _____ CITY _____
STATE _____ ZIP _____

DUE DATE/BIRTHDATE: _____ CITY, STATE OF BIRTH: _____

BIRTH HOSPITAL: _____

PARENTS MARRIED BY CATHOLIC PRIEST? YES NO WILL BOTH PARENTS BE INVOLVED IN BAPTISM? YES NO

MOTHER'S INFORMATION

NAME: _____
(FIRST) (MIDDLE)

(MAIDEN) (LAST)

RELIGION: _____

REGISTERED MEMBER OF THE NEW PARISH? YES NO

CELL PHONE: _____

EMAIL: _____

FATHER'S INFORMATION

NAME: _____
(FIRST) (MIDDLE)

(LAST)

RELIGION: _____

REGISTERED MEMBER OF THE NEW PARISH? YES NO

CELL PHONE: _____

EMAIL: _____

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GODPARENT(S) INFORMATION *(details and qualifications found on Godparent Form)*

GODFATHER'S NAME _____ RELIGION _____
(FIRST) (MIDDLE) (LAST)

FULFILLS ALL QUALIFICATIONS ON GODPARENT FORM? YES NO

GODMOTHER'S NAME _____ RELIGION _____
(FIRST) (MIDDLE) (LAST)

FULFILLS ALL QUALIFICATIONS ON GODPARENT FORM? YES NO

WILL EITHER BE REPRESENTED BY A PROXY? YES NO

(If yes) Proxy Name (s): _____ Representing: _____
(FIRST) (MIDDLE) (LAST)

SPECIAL

NOTES/COMMENTS: _____

Congratulations on beginning this exciting process!

If you have any questions/comments/concerns during the Baptismal process, please contact:

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