

Baptismal Registration Form

Date of Baptism: _____ Saturday: _____ Sunday: _____

Full Name of Child: _____

Date of Birth: _____ Boy / Girl

Name of Hospital: _____

City of Birth: _____

Is your family registered with Holy Name of Jesus Parish? _____ Yes _____ No

Residence: _____

Telephone Number: _____

Father's Name (F/MI/L): _____

Religion of Father: _____

Mother's Maiden Name (F/MI/L): _____

Religion of Mother _____

Are you married? _____ Was a Catholic Priest/Deacon present/consulted? _____

Godfather's Name (F/MI/L): _____

(only **one** Godfather permitted)

Is Godfather a Catholic? _____

If no, what Christian religion is he practicing? _____

Godmother's Name (F/MI/L): _____

(only **one** Godmother permitted)

Is Godmother a Catholic? _____

If no, what Christian religion is she practicing? _____

Is either Godparent represented by Proxy? _____

Name of Proxy: _____

Was the child privately baptized? _____ Was the child adopted? _____

Attended Baptismal Preparation Class: _____

(Office use only)

Presiding Priest/Deacon: _____