Registration For Baptism

	8		
NAME: (First)	(Middle)	(Last)	
DATE:	TIME:	PLACE:	
	Family/Sponso	r Informatio	n
Parents		Godparents	
FATHER:		GODFATHER:	
RELIGION:		RELIGION:	
CONFIRMED		CONFIRMED	
MOTHER:		ADDRESS:	
MAIDEN NAME:		CITY:	
RELIGION:		STATE:	ZIP:
CONFIRMED			
PARENTS MARRIED? Yes No ADDRESS:		GODMOTHER:	
		RELIGION:	
CITY:		CONFIRMED	
STATE:	ZIP:	ADDRESS:	
PHONE:		CITY:	
Child's Information		STATE:	ZIP:
		Priest/Deacon	
PLACE OF BIRTH:		NAME:	
(City)	(State)	PLACE:	

DATE OF BIRTH: