

**BAPTISM REGISTRATION FORM**

Name of Child: \_\_\_\_\_

Residence of Parents: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Childs Date of Birth: \_\_\_\_\_

Born at Home or Name of Hospital: \_\_\_\_\_

\_\_\_\_\_

Father's Name: \_\_\_\_\_

Religion of Father: \_\_\_\_\_

Mother's First & Maiden Name: \_\_\_\_\_

Religion of Mother: \_\_\_\_\_

Godfather/Christian Witness Name:  
\_\_\_\_\_

***Sponsor Certificate:*** \_\_\_\_\_

Godmother/Christian Witness Name:  
\_\_\_\_\_

***Sponsor Certificate:*** \_\_\_\_\_

Will either Godparent be represented by proxy: \_\_\_\_\_

If yes, which one: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Name of Priest: \_\_\_\_\_