



BAPTISM REGISTRATION FORM

Date: _____

Name of Person requesting Baptism: _____

Relationship to the Child: _____

Telephone No.'s : Home: _____ Work: _____ Cell: _____

Name of Child: _____

Date of Birth: _____ Place of Birth: _____

Current Residence: _____

Mailing Address: _____

Father's Name: _____ Telephone #: _____

Religion of Father: _____

Mother's Maiden Name: _____ Telephone #: _____

Religion of Mother: _____

Are the Parents married: ___ Yes / ___ No - If Yes were they married in a Catholic Church: ___ Yes / ___ No

Is the Mother and/or Father a registered parishioner at Ss. Peter & Paul Cathedral:
Mother: ___ Yes / ___ No Father: ___ Yes / ___ No

Please note that the Godparents **must be practicing** Catholics:

Name of Godmother: _____

Name of Godfather: _____

Has the child been previously baptized in any religion: ___ Yes / ___ No

If yes what religion and date of Baptism: _____