



Registration for Baptism/Profession of Faith

Please check one:

- Child Baptism Adult Baptism Profession of Faith

Please fill this form completely

Date of Application: _____

Candidate's Full Name: _____

Date of Birth: _____

Place of Birth: _____

Copy of Birth Certificate submitted to Parish Office?

- Yes No

Family Information

Father's Full Name: _____

Address: _____

Postal Code: _____

Email Address: _____

Mother's Full Name: _____

Maiden Name: _____

Address: _____

Postal Code: _____

Email Address: _____

Contact Number for family: 1. _____

2. _____

Marriage:

- Catholic Other Christian Religion Civil Not Married

Church name and city: _____

Brothers and sisters of child: _____
(if any) _____

(Names and Date of Birth)

Parents' Faith History

Father

Religion: _____

- Baptized? Yes No Confirmed? Yes No



Which church do you
Regularly attend?

Mother

Religion:

Baptized?

Yes No

Confirmed? Yes No

Which church do you
Regularly attend?

Godparents (please fill this section in completely)

Godfather (Full Name):

Confirmation Date and name of church:

Godmother (Full Name):

Confirmation Date and name of church:

Witness (non-Catholic Godparent)

_____ Religion (if applicable): _____

Date and Time of Baptism Requested:

Comments:

For Office Use:

Interviewed by:

Booklet(s) received:

Parent Visit:

Preparation Session:

Date of Baptism:

Minister of Baptism:

Baptism Register:

Computer Entry:
