



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 (names and dates of birth)



Parents' Faith History

Father

Religion: _____

Baptized? Yes No Confirmed? Yes No

If not Catholic, would you like more information about RCIA? Yes No

Which church do you
Regularly attend? _____

Mother

Religion: _____

Baptized? Yes No Confirmed? Yes No

If not Catholic, would you like more information about RCIA? Yes No

Which church do you
Regularly attend? _____

Godparents (please fill this section in completely and attach Confirmation certificate copies)

Godfather (Full Name): _____

Confirmation Date _____

And name of church _____

Godmother (Full Name): _____

Confirmation Date _____

And name of church _____

Witness (non-Catholic _____

Godparent) _____

Religion _____

Date and Time of Baptism Requested: _____

For office use only:

Registration fee received: _____

Parent Visit: _____

Preparation Session: _____

Date of Baptism: _____

Minister of Baptism: _____

Baptism Register: _____

Computer Entry: _____