



Registration for Baptism/Profession of Faith

Please check one:

- Child Baptism Adult Baptism Profession of Faith

Please fill out this form completely

Date of Application: _____

Candidate's Full Name: _____

Date of Birth: _____

Place of Birth: _____

Copy of Birth Certificate submitted? Yes No

Family Information:

Father's Full Name: _____

Birth Date: _____

Address: _____

City/Postal Code: _____

Email Address: _____

Phone Number: _____

Mother's Full Name: _____

Birth Date: _____

Maiden Name: _____

Address: _____

City/ Postal Code: _____

Email Address: _____

Phone Number: _____

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 copies of Confirmation certificates)

Godfather (Full Name): _____

Confirmation Date: _____

Confirmation Church: _____

Godmother (Full Name): _____

Confirmation Date: _____

Confirmation Church: _____

Christian Witness (non-Catholic

Godparent) if applicable: _____

Christian Religion: _____

Baptismal Church: _____

(Please note: for Christian witnesses, only a Baptism certificate is required)

Preferred Date of Baptism: _____