

Light of the World Catholic Church
BAPTISMAL REGISTER INFORMATION FORM

DATE _____

(This is not a Baptismal Certificate)

Please fill out this form prior to baptism (Please PRINT ALL information clearly and accurately)

CHILD'S Full Name _____
(First) (Middle) (Last)

Gender of Child _____

Residence _____
(Street) (City) (State) (Zip)

DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

DATE OF BAPTISM _____ TIME OF BAPTISM _____

FATHER'S Full Name *(As Stated On Child's Birth Certificate)* _____

Religion of Father _____

Has the Father received the Sacrament of Confirmation? Yes / No

Home Ph# _____ Cell# _____ Email _____

MOTHER'S Full Maiden Name _____

Religion of Mother _____

Has the Mother received the Sacrament of Confirmation? Yes / No

Home Ph# _____ Cell# _____ Email _____

Are the parents married to each other? Yes / No

Are the parents married in a Church? Yes / No *If yes, what faith denomination?* _____

Are the parents married in the Catholic Church? Yes / No

If yes, name of Church? _____

Are you a Registered Parishioner of Light of the World? Yes / No

How long have you been a registered member of the parish? _____

Attendance at Mass: Regular _____ Frequent _____ Occasional _____ Not at all _____

*** All information is **CONFIDENTIAL** and recorded at the Church ***

PLEASE TURN THE PAGE OVER AND FILL OUT THE INFORMATION ON THE OTHER SIDE

FOR OFFICE USE: Signature of Officiate _____

**BAPTISMAL REGISTER INFORMATION FORM
(Part II)**

Was the Child privately baptized? Yes / No

If **yes**, where did the Baptism take place? _____

If **yes**, was the information recorded and where? _____

If **yes**, was the circumstance an emergency? Yes / No

Please explain: _____

Is the Child adopted? Yes / No

GODPARENT INFORMATION

GODFATHER'S NAME _____

Is Godfather a Confirmed Practicing Catholic? Yes / No

If not, what religion? _____

Is he a Baptized Christian? Yes / No

GODMOTHER'S NAME _____

Is Godmother a Confirmed Practicing Catholic? Yes / No

If not, what religion? _____

Is she a Baptized Christian? Yes / No

Will there be a Proxy for the Godparent(s) at the Baptism? Yes / No

Name of Proxy(ies) if applicable _____

******This document must be completed, information verified,
and then, returned to the Parish Office or the Baptism will not be recorded.******

FOR OFFICE USE ONLY:

1ST CONTACT DATE _____ DATE TO ATTEND CLASS _____

ATTENDED? Yes / No ID # _____

REG.DATE _____ Date PACKET MAILED _____

REGISTER # Book/Page/Line _____

COMPUTER UPDATED (Date & initials) _____ CERTIFICATE MAILED (date) _____

Remarks: _____