

DATA FOR BAPTISMAL REGISTER

Date _____

FAMILY NAME: _____

THIS IS NOT A CERTIFICATE OF BAPTISM

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

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

Child's Full Name _____ Gender of Child _____

(First) (Middle) (Last)

Residence _____

Phone Number _____ Father's Name _____

Are you a Registered Parishioner of Light of the World? _____ Mother's Name _____

Date of Birth _____ City and State of Birth _____

Date of Baptism _____ Time of Baptism _____

Father's Full Name (as stated on Child's Birth Certificate) _____ Religion of Father _____

Father confirmed? Yes / No

Mother's Full Maiden Name _____ Religion of Mother _____

Mother confirmed? Yes / No

Were parents married in a Church? _____ If yes, what church? _____

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

Godfather's Name _____ Is Godfather a Confirmed Practicing Catholic? _____

If not, what religion? _____

Godmother's Name _____ Is Godmother a Confirmed Practicing Catholic? _____

If not, what religion? _____

Name of Proxy(ies) if applicable _____

Was the Child privately baptized? If so, where and where was it recorded? _____

Was the Child adopted? _____

Remarks: _____

Signature of Officiant _____

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

FOR OFFICE USE ONLY:

DATE TO ATTEND CLASS #1 _____ ATTENDED? _____ ID # _____ REG.DATE _____ Date PACKET MAILED _____

REGISTER # Book/Page/Line _____ COMPUTER UPDATED (Date & initials) _____ CERTIFICATE MAILED (date) _____