

Saint Michael's Catholic Church

Baptismal Register Application

Name of Child: _____
First Middle Last

Address: _____

City, State ZIP: _____

Telephone Number: _____

Child's Date of Birth: _____

Place of Birth (City and State): _____

Father's Name: _____
First Middle Last

Religion of Father: _____

Mother's Maiden Name: _____
First Middle Last (MAIDEN)

Religion of Mother: _____

Were Parents Married by a Catholic Priest? _____

Godfather: _____ Is the Godfather Catholic? _____

Address: _____

Godmother: _____ Is the Godmother Catholic? _____

Address: _____

Is either Godparent represented by Proxy? _____

Name of Proxy: _____

Was the Child Previously Baptized? _____ Was the Child Adopted? _____

Signature of Priest: _____ Date: _____

Office Use Only:

Date and Time of Baptism	
Parish Registration Updated	
Date Application Received	
Date and Time of Prep Class	
Recorded in Baptismal Register	
Baptismal Certificate Sent	