

# Baptism Registration Form

Please complete this form and return it to the parish (PLEASE PRINT)

#### **Parish Information**

Name of Parish:	City:
I currently live within the territorial boundaries of the parish.	a sistand at the apprich
I currently <b>do not</b> live within the territorial boundaries of the parish, but I am formally r	egistered at the parish.

## Child's Information

Full legal name of child:				
First Name		Middle Name(s)		Last Name
🗌 Male 🗌 Female	Date of Birth:		City of Birth:	

## Parent's Information

First Name	Middle Name(s)	Last Name	(Maiden Name)
Religion: 🗌 Roman Catholic	Other:		None
Present Address:			
	Street	City	Postal Code
Phone:		Email:	
I am a parent of, or have leg Father (Full legal name):	al custody of the child.		
I am a parent of, or have leg Father (Full legal name): First Name	jal custody of the child. Middle Name(s)	Last Name	
Father (Full legal name):	Middle Name(s)	Last Name	None
Father (Full legal name): First Name Religion:  Roman Catholic	Middle Name(s)		None
Father (Full legal name): First Name Religion:  Rename	Middle Name(s) Other:		None

#### Godparent's Information

Eligibility of Godparent(s):				
Canon 873 There is to be only one ma	le godparent or one female godpare	nt or one of each.		
•	the Catholic Church (received Baptis c Church: live a life of faith which be	m, Holy Communion,		ical penalty
Godparent (Full legal name):				Age:
First Na Current Parish:	ame Middle Name		Last Name _ City:	
Present Address:				
	Street	City Email:		Postal Code
Fulfills the requirements of canor	1 874 §1.			
Godparent (Full legal name):				Age:
First Na	ame Middle Name		Last Name City:	
Present Address:				
Phone:	Street	City Email:		Postal Code
Fulfills the requirements of canor	1 874 §1.			
Christian Witness' Information				
Eligibility of Christian Witness:				
A Christian Witness for a child's baptis A Christian Witness may only participa	· ·		Church (canon 874 §2)	
Christian Witness (Full legal name):				
	First Name	Middle Name(s)	Last Name	
Present Address:				
Phone:	Sileel	City Email:		Postal Code
Fulfills the requirements of canor				

### Declaration

I, the undersigned, de	clare that the information on this form (Pages 1 & 2) is true and accurate.
Name (PLEASE PRINT):	
Signature:	Date: