

# BAPTISM REGISTER INFORMATION FORM

Date: \_\_\_\_\_

Name of Child \_\_\_\_\_

Gender:  Female  
 Male

Date of Birth: \_\_\_\_\_

Was child privately baptized?  
 Yes  No

Place of Birth: \_\_\_\_\_  
(City/State)

Was child adopted?  
 Yes  No

Date of Baptism: \_\_\_\_\_

Parish Members?  
 Yes  No

Father: \_\_\_\_\_

Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Religion: \_\_\_\_\_

*Were parents married by a Catholic Priest?  
If yes, where parents were married:*

Yes  No

\_\_\_\_\_  
(Church—City/State)

*If not married by priest:*

Spoke about validation  Appointment made to discuss validation  
 Other \_\_\_\_\_

Sponsors: \_\_\_\_\_  
(Godfather)

Religion:  Catholic  Christian Witness  
Church where registered:

\_\_\_\_\_  
(Godmother)

Religion:  Catholic  Christian Witness  
Church where registered:

Explained need for sponsor certificate, if appropriate

*Will either Godparent be represented by Proxy?*  Yes  No

*Proxy:* \_\_\_\_\_  Godfather  Godmother

Residence: \_\_\_\_\_  
(Street)

Telephone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(City/State)

Additional Information (e.g., special dates/times/requests—need to be presented to Pastor prior to confirming dates/times/requests):

Name of Priest/person taking information:  Fr. George Vrabel  Deacon  Other \_\_\_\_\_