



BAPTISM REGISTRATION FORM CHILD

Name: _____ Place of Birth: _____

Date of Birth: _____ City of Birth: _____ Gender: F
 M

FAMILY

Father's
Name: _____
(family name at birth)

Father's
Religion: _____

Mother's
Name: _____
(family name at birth)

Mother's
Religion: _____

Married?: Yes No

Address: _____

Phone Number: _____

Email: _____

GODPARENTS/CHRISTIAN WITNESS

Godfather : _____

Religion: _____

Godmother: _____

Religion: _____

Have you registered a child baptized
at St. Margaret Mary Parish before? Yes No if yes, when? _____

(This section is for office use only, please do not fill out)

DATE OF BAPTISM

Baptism Preparation

Date/Time: _____

Our Baptism schedule is as follows: Saturday @ 10:00 a.m. Sunday @ 12:15 p.m.

A date will be confirmed after the Baptism preparation meeting.

Celebrant: _____

Date: _____