

BAPTISM REGISTER

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St Paul's Catholic Church
Ellicott City, Maryland

Requested Date of Baptism

Child's Name _____
(First) (Middle) (Last)

Date of Birth

Place of Birth

Home Address

Home Phone

Work Phone

E-Mail

Ok to share e-mail? YES NO

Father's Name _____
(First) (M.I.) (Last)

Father's Religion _____

Mother's Name _____
(First) (Maiden) (Married)

Mother's Religion _____

Parent's Martial Status Married Single* Divorced* Separated*

Were parents married by Catholic priest/deacon or with permission from the Church? _____

Length of Parish Membership _____ **Do Parents Practice Their Faith?** _____

Godfather's Name _____
(First) (M.I.) (Last)

Godfather's Religion _____

Godmother's Name _____
(First) (M.I.) (Last)

Godmother's Religion _____

Name of Proxy _____ **Proxy for** **Godfather**
(if applicable) (First) (M.I.) (Last) **Godmother**

Was the Child Baptized in an Emergency? Yes* No **Was the Child Adopted?** Yes* No

*This registration should be referred to a priest or deacon *before* baptism date is made final.

Instruction Certification

Instruction Completed on: _____ **(date)**

Instruction waived

Signature: _____

Baptism Certification

Priest/Deacon Signature

Baptism Date