

Baptism Registration Form

Baptismal Name:			
Family Name:			
Name of the Child:	First Name	Middle Name	Last Name
Child's Date of Birth:		Place of Birth:	
Proposed Date of Baptism:			Time:
Proposed Church of Baptism:			
PARENTAL INFORMATION			
Name of the Father:	First Name	Middle Name	Last Name
Name of the Mother:	First Name	Middle Name	Last Name
Father's Religion:		Mother's religion:	
Parish/ Eparchy of Origin			
ADDRESS			
House #:	Apartment #:	Street:	
City:		Postal Code:	
Phone (Home):		Mobile:	
GOD PARENTS			
God Father:	First Name	Middle Name	Family Name
God Mother:	First Name	Middle Name	Family Name
Religion:		Phone:	
Parish & Eparchy			
Celebrant:			

Name and Signature of the Parent: