

ST. PETER CLAVER CATHOLIC CHURCH

Baptism Registration Form

Registration Date: _____ Date of Baptism Class: _____

Name of Child: _____ Date of Birth: _____

Place of Birth: _____ Was Child Adopted: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Email: _____

Father's Name: _____ Religion: _____

Do you attend Mass? _____ Name of Parish: _____ City: _____

Frequency of Attendance: _____ Date attended Class: _____

Mother's Full Maiden Name: _____ Religion: _____

Do you attend Mass? _____ Name of Parish: _____ City: _____

Frequency of Attendance: _____ Date attended Class: _____

Are you married: _____ Date of Marriage: _____ Married by Priest? _____

ROLE OF GODPARENT (please revisit these points with the parents)

1. A mature Christian who will establish a lifelong faith relationship and be willing to walk with the child in their faith journey
2. A Christian model for the child.
3. A confirmed, practicing Catholic who attends Mass regularly. If married, married by the Church.
4. Knows, understands, and participates in the Church community.

Godfather's Name: _____ Religion: _____

Godfather's Church: _____ City: _____ Date

attended Class: _____

Godmother's Name: _____ Religion: _____

Godmother's Church: _____ City: _____ Date

attended Class: _____

Witness: (Non-Catholic): _____ Religion: _____

Witness Church: _____ City: _____ Date

attended Class: _____

Proxy representing Godparent: _____

COMMENTS: _____

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(FOR OFFICE USE ONLY)

Date of Baptism: _____ Name of Priest/Deacon: _____

Entered in Church Records by: _____ Date: _____