

Baptismal Registration

Date Requested: _____

Child's Name: _____ Date of Birth _____

Was the child baptized in an emergency (e.g. Hospital)? Y / N Place of Birth: _____

Father's Name: _____

Mother's (Maiden) Name: _____

Same Sex Parent's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____

Is the Father Catholic? Y / N Is the Mother Catholic ? Y / N Is the Parent Catholic ? Y / N

Are parents married by the church? Y / N Are parents registered with St. Raphael Parish? Y / N Envelope # _____

Name of Godfather: _____ Is he Catholic? Y / N
Is he married? Y / N If married, is he married by the church? Y / N

Name of Godmother: _____ Is she Catholic? Y / N
Is she married? Y / N If married, is she married by the church? Y / N

Christian witness: _____

By signing I Agree to all the requirements that St Raphael's Parish Asks for:

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Child's Birth Certificate: _____ Receipt #: _____

Confirmation Certificate: Godfather: _____ Godmother: _____

Marriage Certificate: Godfather: _____ Godmother: _____

Class Attendance Certificate: Father: _____ Mother: _____

Godfather: _____ Godmother: _____

Pastor Approval for Private Baptism: _____