

CHRIST THE KING CATHOLIC CHURCH

Baptismal Registration Form—Family Information



Today's Date: _____

Please print clearly. *Information provided will be recorded in the church Sacramental Records and on the child's Baptismal certificate.*

Child's Full Name: _____ Sex: M F (put an X)

Date of Birth: ___/___/___ City of Birth: _____, State: _____

Name(s) of Child's Sibling(s): _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Maiden Name: _____ Religion: _____

Address (Street and P. O. Box) _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Mother's Cell: _____ Father's Cell: _____

If you are not a registered member of Christ the King, you must have a letter from your parish, with the parish seal, granting permission to baptize your child at Christ the King Catholic Church.

Are you a registered member of Christ the King Parish? Yes No

If no, what parish? _____
Name City State

Have you attended baptism preparation class? Yes No

If yes, when and what parish? _____
When Name City State

Was this child adopted? Yes No

Was this child previously baptized? Yes No

Are you married? Yes No

Were you married in the Catholic Church? Yes No

Are you practicing the Catholic Faith? Yes No

Signature: _____ **Date:** _____ **Signature:** _____ **Date:** _____

You must have at least one practicing Catholic as a godparent.

Godmother/Christian Witness:

Godfather/Christian Witness:

Name: _____

Name: _____

Religion: _____

Religion: _____

Proxy: _____

Proxy: _____

OFFICE USE ONLY

Date of Baptism: ___/___/___ Recorded: ___/___/___ Certificate Issued/Mailed: ___/___/___

Priest/Deacon: _____ Entered into database: ___/___/___ Notified by Phone ___/___/___