

**INFANT BAPTISM REGISTRATION FORM**

*PLEASE PRINT ALL INFORMATION CLEARLY*

Full Name of Child: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

Race/Ethnicity of Child: (Please circle)

African American

American Indian

Asian (Japanese, Chinese)

Caucasian/White

East Indian

Southeast Asian (Vietnamese, Thai, etc.)

Filipino

Korean

Pacific Islander (Samoan, Guamanian, etc.)

Hispanic/Latino

Multi-Racial

Both parents of unknown race/ethnicity

**Full Name of Father:** \_\_\_\_\_

Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_

Baptized \_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_ Confirmed \_\_\_\_\_ Valid Catholic Marriage \_\_\_\_\_

**Full Name of Mother:** \_\_\_\_\_

Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_

Baptized \_\_\_\_\_ 1<sup>st</sup> Communion \_\_\_\_\_ Confirmed \_\_\_\_\_ Valid Catholic Marriage \_\_\_\_\_

**Male Sponsor:** \_\_\_\_\_

Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmed? Yes \_\_\_\_\_ No \_\_\_\_\_

**Female Sponsor:** \_\_\_\_\_

Catholic? Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmed? Yes \_\_\_\_\_ No \_\_\_\_\_

Proxie(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I attend Mass at: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Priest: \_\_\_\_\_

**A COPY OF THE BIRTH CERTIFICATE IS REQUIRED TO COMPLETE REGISTRATION.**