

Last Name: _____

BAPTISM REGISTRATION

Preferred Date of Baptism: _____ Time of Day: _____

Approved by Fr. Achbach Yes No Date Approved: _____

Contact Name: _____ Phone: _____

Address: _____

Name of Person

Being Baptized: _____

First Name

Middle Name

Last Name

Male Female Date of Birth: _____ Place of Birth: _____

Name of Father: _____
First Name Last Name

Father's Religion: _____

Name of Mother: _____
First Name Last Name

Mother's Religion: _____ Maiden Name _____

The child's parents were married in the Catholic Church: Yes No

If no, type of ceremony _____

Name of Godfather: _____
First Name Last Name

The Godfather is Catholic: Yes No The Godfather has been Confirmed: Yes No

The Godfather is currently a Practicing Catholic: Yes No

The Godfather is Married: Yes No No Valid Marriage Single

Name of Godmother: _____
First Name Last Name

The Godmother is Catholic: Yes No The Godmother has been Confirmed: Yes No

The Godmother is currently a Practicing Catholic: Yes No

The Godmother is Married: Yes No No Valid Marriage Single

Is either Godparent represented by proxy? Yes No

Name of Proxy: _____ Name of Presider: _____

Baptismal Class Taken: Yes No Other _____

Contact Person Baptism Class: Mandie Sundstead – Telephone (605) 641-3437