



Church of St Raphael
Baptism Registration Form

Today's Date: _____

Child's Name: _____
First Middle Last

Date of Birth: _____ or Expected Date of Birth: _____ Male _____ Female _____

City and State of Birth: _____

Was the child adopted: _____ If yes, is the adoption process final? _____ (attach documents)

****PLEASE ATTACH COPY OF BIRTH CERTIFICATE****

Father's Name: _____
First Middle Last

Address: _____
Street City State/Zip

Phone: (W) _____ (H) _____ (C) _____

Father's Email: _____ Father's Religion: _____

Mother's Name: _____
First Middle Maiden

Address: _____
Street City State/Zip

Phone: (W) _____ (H) _____ (C) _____

Mother's Email: _____ Mother's Religion: _____

Godfather's Name: _____

Has the godfather been Baptized, Confirmed, and made his First Communion in the Catholic Church? _____

Is he a practicing Catholic? _____ Parish of Baptism: _____ Date of Birth: _____

Godmother's Name: _____ Maiden Name: _____

Has the godmother been Baptized, Confirmed, and made her First Communion in the Catholic Church? _____

Is she a practicing Catholic? _____ Parish of Baptism: _____ Date of Birth: _____

(over)

Comments: _____

Concerns / Special Circumstances: _____

Are you Registered at St Raphael?: Yes No

Have you previously attended baptism classes: Yes No

If yes, where: _____ Year: _____

Date you would like to have the Baptism: _____

Note: After your forms are submitted, someone from the parish will contact you to confirm the baptism date and to schedule a class (if applicable). Please do not make any family or celebration plans until your date is confirmed.

For Office Use

Call from Pastor: _____
Date

Attended class: _____
Date Instructor

Godparents Baptism Certificates Requested: _____
Date Initials

Baptism completed: _____
Date Presider

Recorded: Bulletin Cert BB PDS _____
initials