

Registration for Baptism

Date: ___ / ___ / ___

ABOUT THE CHILD

Name: _____ Date of Birth: ___ / ___ / ___

Place of Birth: _____

Street Address: _____

City, State, Zip Code: _____

ABOUT THE PARENTS

FATHER

MOTHER

	FATHER	MOTHER
Name		
Religion		
Maiden Name		
Home Phone		
Work Phone		
Cell Phone		
E-mail		

Are Parents Registered at Our Lady of Lourdes?

YES ID# _____ NO

ABOUT THE GODPARENTS

GODFATHER

GODMOTHER

	GODFATHER	GODMOTHER
Name		
Religion		

If the godparents are registered at Our lady of Lourdes, please enter the Parish ID.

ID # of Godfather: _____

ID # of Godmother: _____

NOTES

- At least one of the godparents must be a fully initiated practicing Catholic.
- Non-Catholic Christians may serve as a Christian Witness.

OFFICE USE ONLY

Signature of priest or deacon performing Baptism:

Date of Baptism ___ / ___ / ___