

BAPTISM REGISTRATION

TODAY'S DATE _____

(For Children age 7 and under)

CHILD'S NAME _____

(First, Middle and Last)

MALE _____ FEMALE _____ BIRTHDATE _____

CITY AND STATE OF BIRTH _____

HAS CHILD BEEN BAPTIZED BEFORE _____ IS CHILD ADOPTED _____ PROOF OF ADOPTION _____

FATHER _____

(First, Middle and Last)

ADDRESS _____

(Street, City, State and Zip Code)

PHONE # _____

MOTHER _____ (_____)

(First, Middle, Last and Maiden)

ADDRESS _____

(Street, City, State and Zip Code)

PHONE # _____

ARE PARENT'S MARRIED _____ DATE AND PLACE OF MARRIAGE _____

ARE PARENTS CATHOLIC/IF "NO" WHAT DENOMINATION

MOTHER _____ FATHER _____

ARE PARENTS REGISTERED AT CABRINI _____ IF "NO", CURRENT PARISH _____

IS FATHER'S NAME ON CHILD'S BIRTH CERTIFICATE _____

IF "NO" WHO HAS LEGAL CUSTODY OF THE CHILD _____

IF 50/50 CUSTODY, DO BOTH PARENTS GIVE CONSENT TO BAPTIZE THEIR CHILD _____

GODFATHER _____ CATHOLIC _____

(First and Last)

IF "NO" WHAT DENOMINATION _____

GODMOTHER _____ CATHOLIC _____

(First and Last)

IF "NO" WHAT DENOMINATION _____