

SAINT DOMINIC CATHOLIC CHURCH

A Parish Family Fully Alive in Christ: Setting the World Ablaze.

BAPTISM REGISTRATION FORM

Please Print

Name of Baptism Candidate: _____
Male _____ Female _____

Date of Birth: _____

Place of Birth: _____

Present Parish: _____

Name of Father: _____

Religion of Father: _____

Sacraments Received (if applicable):

Baptism 1st Communion Confirmation Marriage
 Married in the Catholic Church

Name of Mother: _____

Maiden Name of Mother: _____

Religion of Mother: _____

Sacraments Received (if applicable):

Baptism 1st Communion Confirmation Marriage
Marriage Date: Catholic _____ Civil _____ Other _____

Married in the Catholic Church

Godparent: _____ Religion: _____

Baptism 1st Communion Confirmation Marriage
 Married in the Catholic Church

Godparent: _____ Religion: _____

Baptism 1st Communion Confirmation Marriage
 Married in the Catholic Church

Proxies for Godparents (if applicable): _____

CONTACT INFORMATION

Address: _____

City, State, Zip: _____

Telephone: _____

Mobile: _____

E-mail: _____

FOR OFFICE USE ONLY

Date Scheduled for Baptism: _____ Baptized By: _____

Date Attended Prep. : _____ Instructor: _____

Register Info: Page: ____ Line#: ____ Certificate Sent: _____