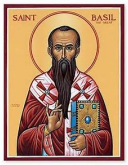

St. Basil The Great Roman Catholic Church

Baptism Registration Form

Child Information

Name of Child_____Birthdate_____/_____/_____

Place of Birth_____Age_____ Male ❑ Female ❑

Parent Information

Father's Name_____ Religion_____

Mother's Name_____ Religion_____

Address_____
(Street) (City) (State) (Zip Code)

Home Phone #_____ Cell #_____

Mother's Maiden Name_____

Are the parents married by the Church? Yes ❑ No ❑

If so, in what parish were they married?_____

Date of Wedding_____/_____/_____

Godparent Information

Godfather_____ Religion_____

Address_____
(Street) (City) (State) (Zip Code)

Godmother_____ Religion_____

Address_____
(Street) (City) (State) (Zip Code)

Are Godparents married in the Church? Yes ❑ No ❑ Single ❑

Please mark the Sacraments received:

	Baptism	Confirmation	First Communion
Father			
Mother			
Godfather			
Godmother			

Office Use Only

Registration Date_____/_____/_____ Paid_____ Receipt No._____

Date of Baptism_____/_____/_____