

HOLY TRINITY PARISH – BAPTISM REGISTRATION

Today's Date: _____ Class Date(s): _____ Baptism Date: _____

Taking Class Only? YES NO If YES, church/place of baptism: _____

Child's Full Name: _____
Last First Middle

Place of Birth _____ Date of Birth _____

Parents' Mailing Address: _____
Street City Zip

Home Phone: Father _____ Mother _____

Father's Name: _____ Religion _____

Will he attend the baptismal class? YES NO If not, why? _____

Mother's Name: _____ Religion _____

Will she attend the baptismal class? YES NO If not, why? _____

Are you, the parent(s), registered parishioners of Holy Trinity? YES NO

Have you, the parents, received the sacrament of marriage in the Catholic Church? YES NO

If applicable; Step Parent's Name: _____ Religion _____

Who are/is the main care giver of the child? _____

GODPARENT(S) INFORMATION

Make sure you understand and agree to Holy Trinity's Baptismal Policies before filling out this section

Are the godparents catholic? YES NO Godparents are married couple single

If married, are they married in the Catholic Church? YES NO

Godfather's Name: _____ Phone _____

Church Attending: _____
Name City & State

Will he attend the baptismal class? YES NO If not, why? _____

Godmother's Name: _____ Phone _____

Church Attending: _____
Name City & State

Will she attend the baptismal class? YES NO If not, why? _____

Signature of person completing the form: _____ Date _____

OFFICE NOTES:

Receipt # _____

CLASS PAID: _____