



ENGLISH INFANT BAPTISM REGISTRATION FORM

Must Be Completed By A Parent

Family's Last Name _____

Current Date _____

CHILD	
First Name _____	Middle Name _____
Date of Birth _____	<input type="radio"/> Male <input type="radio"/> Female
City of Birth _____	
Is you child adopted? <input type="radio"/> Yes <input type="radio"/> No	Baptized in an emergency? <input type="radio"/> Yes <input type="radio"/> No

PARENT (S) OR GUARDIAN (S)			
Address _____			
City _____	State _____	Zip Code _____	
Home Phone _____	Work Phone _____	Cell Phone _____	
Email Address _____			
Registered Member of Parish?	When did you first register?	ID #	
If NOT a member, why do you want your child baptized at St. Angela's ?			
Father / Guardian's Full Name	_____		
Father / Guardian's Religion	_____		
Mother / Guardian's Full Maiden Name	_____		
Mother/ Guardian's Religion	_____		
Married in the Catholic Church?		If one of the parents/guardians is not Catholic, would there be an interest in joining the Church?	

Godparents - Must be 16+ , fully initiated and practicing Catholics

Godparent (1) Full Name	
Godparent (2) Full Name	
Will both be present at the ceremony? <input type="radio"/> Yes <input type="radio"/> No	
If not , name of proxy ?	_____

