

BAPTISM REGISTRATION FORM

ST. BENEDICT CHURCH

Please print clearly

updated July 9, 2014

FATHER	Kindly staple a <u>copy</u> of YOUR BAPTISM CERTIFICATE to this form and return them together.				
	First Name	Last Name		Religion	
	Cell Phone	Day Phone	Evening Phone	Email	
MOTHER	Kindly staple a <u>copy</u> of YOUR BAPTISM CERTIFICATE to this form and return them together.				
	First Name	Last Name	Maiden Name	Religion	
	Cell Phone	Day Phone	Evening Phone	Email	
ADDRESS	Street		City	Apt #	Postal Code
PARISH	Name of church you currently attend				
	Are you a registered parishioner of St. Benedict Church? <input type="checkbox"/> Yes <input type="checkbox"/> No				
MARITAL STATUS	<input type="checkbox"/> Single		<input type="checkbox"/> Engaged to be married		<input type="checkbox"/> Married
	<input type="checkbox"/> Separated / Divorced		<input type="checkbox"/> Common law		<input type="checkbox"/> Marriage Annulled
	If married	Were either you or your spouse previously married?			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Were either you or your spouse previously separated or divorced?			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you married in a church or civilly?			<input type="checkbox"/> Church <input type="checkbox"/> Civilly
	City & Country of Marriage		Date of Marriage		
	Name of Church		Denomination of Church		
CHILD	CHILD'S LEGAL NAME AS SHOWN ON BIRTH CERTIFICATE ~ ATTACH A PHOTOCOPY OF CHILD'S BIRTH CERTIFICATE TO THIS FORM.				
	First Name		Middle Name	Last Name	
	Date of Birth	Year	Month	Day	City & Country of Birth
SPONSOR(S)	<i>See note on choosing a sponsor in Baptism Booklet - At least ONE sponsor must be Roman Catholic.</i>				
MALE SPONSOR	First Name		Last Name	Religion	
	Cell Phone		Day Phone	Email	
FEMALE SPONSOR	First Name		Last Name	Religion	
	Cell Phone		Day Phone	Email	
CHRISTIAN WITNESS	<i>This is a provision for a non-Catholic person who is a baptized Christian in communion with the Roman Catholic Church i.e. Anglican, Presbyterian etc.)</i>				
	First Name		Last Name	M / F	Religion
	Cell Phone		Day Phone		Email
THIS BOX TO BE COMPLETED BY BAPTISM TEAM MEMBER					
REGISTRATION DATE					
PARENT(S) BAPTISM CERTIFICATE RECEIVED			Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	Father <input type="checkbox"/> Yes <input type="checkbox"/> No
CHILD'S BIRTH CERTIFICATE RECEIVED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
INTERVIEW	Date			Time	
BAPTISM INSTRUCTION	Date			Time	
BAPTISM	Date			Time	