

Baptismal Registration Form
Saint Timothy Church

DATE OF BAPTISM: _____ TIME: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____ CITY OF BIRTH: _____

FATHER'S NAME: _____ RELIGION: _____

MOTHER'S MAIDEN NAME: _____ RELIGION: _____

Married in the Catholic Church? Yes () No ()

If NO, Why? _____

DATE OF REPARATION CLASS: _____

Was the child baptized privately? _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number(s) _____ Email ID _____

Baptismal Host Couple: _____

GODFATHER'S NAME: _____ RELIGION: _____

GODMOTHER'S NAME: _____ RELIGION: _____