



BAPTISM REGISTRATION FORM

CHILD

Name: _____ Place of Birth: _____

Date of Birth: _____ City of Birth: _____ Gender: ☐ F
☐ M

FAMILY

Father's
Name: _____
(family name at birth)

Father's
Religion: _____

Mother's
Name: _____
(family name at birth)

Mother's
Religion: _____

Married?: ☐ Yes ☐ No

Address: _____

Phone Number: _____

Email: _____

GODPARENTS/CHRISTIAN WITNESS

Godfather : _____

Religion: _____

Godmother: _____

Religion: _____

Have you registered a child baptized
at St. Margaret Mary Parish before? ☐ Yes ☐ No if yes, when? _____

(This section is for office use only, please do not fill out)

DATE OF BAPTISM

Baptism Preparation

Date/Time: _____

Our Baptism schedule is as follows: ☐ Saturday @ 10:00 a.m. ☐ Sunday @ 12:15 p.m.

A date will be confirmed after the Baptism preparation meeting.

Celebrant: _____

Date: _____