

ST. ELIZABETH OF HUNGARY CHURCH

BAPTISM REGISTRATION (copy of the Birth Certificate must be turned in with this form)

DESIRED BAPTISM DATE: _____ **ENGLISH:** _____ **SPANISH:** _____

TODAY'S DATE: _____

Child's full name: _____
First Name Middle Name Last Name

Date of Birth: _____
Month Day Year

City of Birth: _____ **State of Birth:** _____

Home Address: _____

City: _____ **Zip Code:** _____ **Parent/s Home/Cell Phone:** _____

Father's Full Name: _____
First Name Middle Name Last Name

Father's Religion: Roman Catholic _____ Other Christian (Orthodox, Protestant) _____ other _____

Mother's Full Name: _____
First Name Middle Name MAIDEN Name

Mother's Religion: Roman Catholic _____ Other Christian (Orthodox, Protestant) _____ other _____

Godparents: *Must be practicing Catholics – Minimum One – Maximum Two (male & female)*

Name: _____ **Catholic?** Yes _____ No _____

Name: _____ **Catholic?** Yes _____ No _____

Will Godparent/s be represented by proxy? Yes ___ No ___ **By Whom?** _____

CHILD'S PARENTS:

Married in the Catholic Church: _____ **Married Civilly/Non-Catholic Ceremony:** _____

Living Together/Not Married: _____ **Single Parent:** _____ **Is Child Adopted?** Yes _____ No _____

Has Child Been Previously Baptized? Yes _____ No _____

-----FOR OFFICE USE ONLY-----

Parent/s attended Baptism Preparation Classes on: _____ **Instructor:** _____

Baptism took place on: _____ **By:** _____

Baptism registered in Log Book No. & Page: _____ **Recorded by:** _____

Date Certificate was given or mailed: _____ **Mailed by:** _____