

St. Elizabeth – Baptismal Registration Form

Baptismal Date _____

Child's Name _____

Date of Birth _____ Age _____

City of Birth _____

Father's Name _____

Mother's First & Maiden Name _____

Father's Religion _____ Mother's Religion _____

Address: _____

Cell Phone: _____

Alternative Phone Number: _____

Email: _____

Are parents married? Yes (Church of marriage _____) No

Are parents registered members of St. Elizabeth's? Yes No

If not, would you like to register? Yes # _____ No

If not, what parish do the parents belong? _____

Godfather _____

Godfather's Religion _____ Is the Godfather fully initiated? ____

Godmother _____

Godmother's Religion _____ Is the Godmother fully initiated? ____

Notes: _____
