

# Holy Infancy Church

Roman Catholic Diocese of Allentown

## Baptism Registration Form



Interview/Registration Date: \_\_\_\_\_

Family Name of Child: \_\_\_\_\_

First and Middle Name of Child: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Bapt. Class Attended \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Bapt. Class Attended \_\_\_\_\_

Parents Married in the Catholic Church? (if so where?) \_\_\_\_\_

Parents Registered in the Parish? (if not register) \_\_\_\_\_ Attending Mass regularly? \_\_\_\_\_

Godfather's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Bapt. Class Attended \_\_\_\_\_

Godmother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Bapt. Class Attended \_\_\_\_\_

Baptism Class Date planning to attend: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Language: English \_\_\_ Spanish \_\_\_ Portuguese \_\_\_

Celebrant (if specified): \_\_\_\_\_

Additional Notes: