



BAPTISM REGISTRATION FORM

Please complete all fields. Email to Linda.Midwig@archbalt.org

CHILD'S INFORMATION

Please send copy of birth certificate or hospital record separately.

Child's Full Legal Name _____
City and State of Birth _____

Date of Birth _____ Gender M F
Desired Time & Date of Baptism
 11am 1pm (Saturday) _____

PARENT INFORMATION

Father's Full Legal Name & Religion _____
Address _____
City, State, Zip _____

Mother's Full Legal Name & Religion _____
Mother's Maiden Name _____
Phone _____

I/We are registered at a parish Yes No
Registered at: _____
Date of Marriage: _____

Email _____
Contact: _____
 Married Catholic Wish to Discuss

Have you attended the required Baptismal Preparation Session at St. Francis de Sales or at another parish? Yes No If so, where? _____
Contact: _____

SPONSOR/GODPARENT INFORMATION

(One sponsor/godparent must be a fully initiated Catholic – a practicing Catholic who is baptized and confirmed. The sponsor/godparent can not be the mother or father of the child. Please indicate if you need a proxy. The office will contact you.)

I will need a proxy for Sponsor 1
1-Proxy's Name: _____
1-Sponsor's Full Legal Name & Religion _____
1-Sponsor's Email Address _____
1-Sponsor's Phone Number _____

I will need proxy for Sponsor 2
2-Proxy's Name: _____
2-Sponsor's Full Legal Name & Religion _____
2-Sponsor's Email Address _____
2-Sponsor's Phone Number _____

Sponsors will receive a form of eligibility via email. This form must be completed and returned to SFDS to set the baptism date. If one of the sponsors are Christian they will need a letter of good standing from their parish.

FOR OFFICE USE ONLY (will be verified/confirmed by SFDS)

AOB CELEBRANT: _____ Baptism Date/Time Confirmed _____
 Emailed Sponsors Sent Information to Celebrant Print Certificate Envelope Sacristy
 Recorded Baptism Register Entered in Sacraments in MP _____ Authorized by: _____