



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 _____

Date of Birth _____

Gender M F

City and State of Birth _____

Baptisms will be conducted on the 1st and 2nd Sundays at 9:30 a.m. _____

PARENT INFORMATION

Father's Full Legal Name & Religion _____

Mother's Full Legal Name & Religion _____

Address _____

Mother's Maiden Name _____

City, State, Zip _____

Phone _____

I/We are registered at a parish Yes No

Email _____

Registered at: _____

Contact: _____

Date of Marriage: _____ 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.)

1-Sponsor's Full Legal Name & Religion _____

2-Sponsor's Full Legal Name & Religion _____

1-Sponsor's Email Address _____

2-Sponsor's Email Address _____

1-Sponsor's Phone Number _____

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.

I will need a proxy for Sponsor 1

I will need proxy for Sponsor 2

1-Proxy's Name: _____

2-Proxy's Name: _____

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: _____