

BAPTISM REGISTRATION FORM

Please complete. Email to mailto:diane.lewis@archbalt.org

CHILD'S INFORMATION

Please send a copy of the birth certificate or hospital record with this registration.

Child's Full Legal Name	Date of Birth Gender
	M [] F
City and State of Birth	Desired Date of Baptism
	🗌 11am (Stone Chapel/SFDS, Sat)
Baptism at 🗌 Prince of Peace 🗌 SFDS	Mass Time/Date
PARENT INFORMATION	
Father's Full Legal Name & Religion	Mother's Full Legal Name & Religion
Address	Mother's Maiden Name
City, State, Zip	Phone
Are you registered at a parish? 🗌 Yes 🗌 No	Email
Registered at:	
Married Catholic Date of Marriage:	Wish to Discuss
Have you attended the Pre-Baptismal Prepara	tion Class? 🗌 Yes 🗌 No
If yes, where?	
By whom?	

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:	 I will need proxy for Sponsor 2 2-Proxy's Name: 	
1-Godfather/Sponsor	2- Godmother/Sponsor	
1-Godfather's Email Address	2-Godmother's Email Address	
1-Godfather's Phone Number	2-Godmother's Phone Number	

Sponsors will receive a form of eligibility. This form must be completed and returned to the Pastorate office to confirm the baptism date. If one of the sponsors are Christian they will need a letter of good standing from their parish and they will be registered as a Christian Witness.



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FOR OFFICE USE ONLY

PRE-BAPTISMAL CLASS WITH:	Date/Time:
CELEBRANT PERFORMING THE BAPTISM:	
Confirmed: Baptism Date/Time	
Emailed Sponsors Godparent Eligibility Form	or other information needed.
Sent Information to Deacon and/or Celebro	ant.
Print Certificate	
🗌 Print Baptism Envelope	
Placed in Sacristy	
ARCHIVED – PLACED IN BAPTISM REGISTER	
Recorded Baptism Register	
Registry Volume Registry N	umber Page
Entered in Sacraments in Ministry Platform	-
Entered by:	Date:
NOTES:	
-	