

# OUR LADY OF PERPETUAL HELP

## INFANT BAPTISM REGISTRATION FORM

Date: \_\_\_\_\_

Parish Envelope #: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Child's Residence: \_\_\_\_\_  
Street Address City State Zip Code

(A copy of your child's birth certificate must accompany Registration Form. If your child was adopted, legal documentation is needed)

<b>Mother's Contact Information</b>	(As stated on Child's Birth Certificate)		
	First Name	Middle Name	(Maiden) Last Name
Phone Number		Email	
Religion			

<b>Father's Contact Information</b>	(As stated on Child's Birth Certificate)		
	First Name	Middle Name	Last Name
Phone Number		Email	
Religion			

### QUESTIONS REGARDING MARRIAGE AND FAMILY

Are you married? \_\_\_\_\_ Name of Church: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City & State: \_\_\_\_\_

Did you, as an individual/couple, decide to marry outside of the Catholic Church because of a divorce situation? \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Are the children enrolled in a religious education program or in a Catholic school? \_\_\_\_\_

### BAPTISM CLASS PREPARATION

- Have parents attended a baptismal preparation class in the past 3 years?  Yes  No  
 If yes, where? \_\_\_\_\_

## GOD PARENT INFORMATION

A signed affidavit is required from each of the godparents.

<b>Godmother Information</b>			
	First Name	Middle Name	Last Name
Phone Number		Email	
Street Address		City	State
Zip Code			
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widow		Date of Marriage	Name of Church

<b>Godfather Information</b>			
	First Name	Middle Name	Last Name
Phone Number		Email	
Street Address		City	State
Zip Code			
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widow		Date of Marriage	Name of Church

(Only if one of the godparents is not listed above, can a baptized Christian accompany a godparent as a Christian witness)

<b>Christian Witness Information</b>			
	First Name	Middle Name	Last Name
Phone Number		Email	
Baptized in what Christian Faith? _____			
Name of Church		City	State

Will either godparent be represented by Proxy?  Yes  No

If yes, Name: \_\_\_\_\_

### BAPTISM CLASS PREPARATION

- Have godparents attended a baptismal preparation class in the past 3 years?  Yes  No  
If yes, where? \_\_\_\_\_
- Provide certificate of baptismal preparation class.

**We hereby request the Sacrament of Baptism for our child:**

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

REQUIRED DOCUMENTS CHECKLIST

- Copy of Birth Certificate
- Registration Form
- Sponsor Affidavit
- Sponsor Sacramental Certificates
- Letter of Permission (from Parish - if applicable)

BAPTISM PREPARATION CLASS

Baptism Class Date: \_\_\_\_\_

In Attendance:  Father  Mother  Godmother  Godfather

BAPTISM INFORMATION

CONFIRMED Date of Baptism: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Presiding Priest/Deacon: \_\_\_\_\_

Certificate was  hand delivered  mailed on (date) \_\_\_\_\_  
If mailed provide a tracking #: \_\_\_\_\_

Date Recorded: \_\_\_\_\_

Recorded in Church Registry: \_\_\_\_\_

Recorded by: \_\_\_\_\_

DONATION

Paid \$50.00 Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Form of Payment Cash Check No. \_\_\_\_\_

Payment received by: \_\_\_\_\_

NOTES / COMMENTS

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