



Baptism Registration Form

BAPTISM DATE _____

SURNAME _____

CHILD'S NAME _____

FATHER'S NAME _____

MOTHER'S NAME _____

ADDRESS _____

TELEPHONE _____

SEX Male Female

DATE OF BIRTH _____

PLACE OF BIRTH _____

GOD FATHER _____

GOD MOTHER _____

SIGNATURES _____

| Office Use Only | |
|--------------------|---------------------|
| Date: _____ | Record Number _____ |
| Processed By _____ | Signature _____ |