



St. Alphonsus Baptism Registration Form

Family Information

Name of Child: _____ Date of Birth: _____
 Place of Birth(City, State): _____ Gender: Boy Girl
 Name of Father: _____
 Name of Mother: _____ Maiden Name: _____
 Name of Godfather: _____
 Name of Godmother: _____

Faith Information

Religion of Father: _____ Religion of Mother: _____
 Married: Yes No Place of Marriage(City, State): _____
 Registered Parish: _____

Contact Information

Address: _____ City, State, Zip: _____
 Phone Number: _____ E-Mail: _____

Office Use

Prep Session Needed: Yes No Prep Session Completed: Yes No Member: _____
 Prep Session Assigned to: _____ Prep Session Date: _____
 Godfather: Parish Member: Yes No Letter Needed: Yes No Letter Received: Yes No
 Godmother: Parish Member: Yes No Letter Needed: Yes No Letter Received: Yes No
 Date and Time of Baptism: _____ Presider: _____
 Certificate Done: Recorded in PDS: Recorded in Book: Letter Sent:

Notes: _____

