



## St. Alphonsus Baptism Registration Form

### Family Information

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth(City, State): \_\_\_\_\_  
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  
Prep Session Assigned to: \_\_\_\_\_ Member ID: \_\_\_\_\_  
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: