



Mother Seton Infant Baptism Registration Form

(Please print clearly as this information will be used to complete your child's Certificate)

Child's Full Name _____ Gender: Male/Female

Date of Birth: _____ Place of Birth: _____
City State

Was the child previously baptized, due to an emergency? _____

Was the child adopted? _____

Father's Full Name: _____
First Middle Last Religion

Mother's Full Name: _____
First Middle Maiden Last Religion

Address: _____
Apt. #
City State Zip

(Email): _____ (Cell) _____

Is Family Registered in Parish: Yes No Were Parents Married by a Priest/Deacon? Yes No

Where married: _____
Parish City State

Godfather's Name / Parish: _____
First Middle Last Parish / Religion

Godmother's Name / Parish: _____
First Middle Last Parish / Religion

Proxies' Name / Parish: _____
First Middle Last Parish / Religion

First Middle Last Parish / Religion

(One or more must be a Confirmed / practicing Catholic. A Baptized non-Catholic may serve as a Christian Witness.)

Date of Baptism Prep Class: _____ Preferred Baptism Date: _____

Do you have any questions / needs of which we should be aware? _____

For office use:

Baptism Forms Received: _____ Baptism Date Scheduled: _____

Date of Baptism: _____ Recorded: _____ Celebrant: _____