



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: _____
Month/Day/Year City State

Was the child previously baptized, due to an emergency? Yes / No Was the child adopted? Yes / No

Father's Full Name: _____
First Middle Last Name Religion

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

Address: _____
Apt. #
City State Zip Code

Telephone (Cell): _____ Email: _____

Is Family Registered in Parish: **Yes / No**

Were Parents Married by a Catholic Priest/Deacon? **Yes / No** Date: _____

Where married: _____
Parish City State

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

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

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

First Middle Last Name Religion and Parish

(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: _____