



St. Maximilian Kolbe Catholic Church

Baptismal Registration Form

Name of Child: _____
First Middle Last

Child's Date of Birth: _____ City of Birth: _____

Name of Father: _____ Catholic: yes ___ no ___
First Middle Last

Name of Mother: _____ Catholic: yes ___ no ___
First Middle Last

Parents date of marriage _____ in the Catholic Church?
month/day/year

_____ Yes - Parish/Church: _____ City: _____

_____ No – Location: _____ City: _____
Civil/other religion

Address: _____

Home Phone: _____ e-mail: _____

Name of Godfather _____ Catholic: yes ___ no ___
First Middle Last religion

Parish member of: _____ City: _____

Name of Godmother: _____ Catholic: yes ___ no ___ First Middle Last
religion

Parish member of: _____ City: _____

Office Use Only:

Date of Scheduled Baptism: _____

Parish ID #: _____

Birth Certificate Received: _____

Godfather certificate of eligibility: _____ Godmother certificate of eligibility: _____