

BAPTISM  
REGISTRATION  
FORM

<i>Prep Class Date</i> _____ <i>Birth Certificate</i> _____
<i>Godparent Certificates: GF</i> _____ <i>GM</i> _____
<i>Baptismal Date:</i> _____ <i>Celebrant</i> _____
<i>Time:</i> _____ <i>Place</i> _____

Name of Child: \_\_\_\_\_

Residence: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell # \_\_\_\_\_

e-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Was the child previously baptized (i.e. emergency)      YES      NO

Is this your first child?      YES      NO

Father's Name \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Practicing:      YES      NO

Mother's Name (Maiden): \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Practicing:      YES      NO

Registered Parishioner(s) at St. Ignatius?      YES      NO

Where were parents married? \_\_\_\_\_

First Marriage for Both Parents      \_\_\_\_\_ Mother      \_\_\_\_\_ Father

By whom? \_\_\_\_\_ Is he a Catholic priest? \_\_\_\_\_

Is this a Roman Catholic Church? \_\_\_\_\_ Are Parents still married? \_\_\_\_\_

(If neither parent is a practicing Catholic, who is going to take responsibility for raising the child Catholic?) \_\_\_\_\_

Godfather's Name: \_\_\_\_\_

Is Godfather Catholic?      YES      NO      Practicing?      YES      NO

Godmother's Name: \_\_\_\_\_

Is Godmother Catholic?      YES      NO      Practicing?      YES      NO

- ***Please send a copy (not the original) of the child's birth certificate along with this Registration.***
- ***Both parents are required to attend a Baptism Prep Class given the 2<sup>nd</sup> Monday of each month at 7:30PM even though you have attended a class with a previous child. Call 301-695-8845 x 201 to confirm your attendance.***