



120 South Eastmoor Drive P.O. Box 67
New Bremen, Ohio 45869-0067
hrtech@nktelco.net
419-629-2543

Baptismal Registration Form

Full Name of the child to be Baptized: _____ Gender: M / F

Date of birth: _____ Place of birth (city/state): _____

Has the child already been baptized due to an urgent necessity? ___NO ___YES

Date being requested for Baptism*: _____ **Time:** _____

Current Address: _____

Current Contact (Phone/Email): _____

Father's Full Name: _____

Is the Father baptized? ___ NO ___ YES -- in what Church? _____

Father's Religious Affiliation: _____

Name of Church or Parish where Father is a member of: _____

Mother's Full Name: _____ Maiden Name: _____

Is the Mother baptized? ___ NO ___ YES -- in what Church? _____

Mother's Religious Affiliation: _____

Name of Church or Parish where Mother is a member of: _____

Have the parents been married in the Catholic Church? ___ YES ___ NO

Marriage Date: _____ Church: _____ City: _____ ST _____

We(I) have attended Baptismal Prep program? ___ NO ___ YES -- Date attended/plan to attend: _____

Name(s) of proposed Godparents: _____ and _____

*** Please fill out the Godparent/Witness form for each person named above. ***

In signing this document, we (I) the lawful guardian(s) of the above named infant consent to the Baptism of this child and hereby testify that all the above statements are true to the best of our (my) knowledge and further affirm, according to the laws of God and the Church, that there is a well-founded hope that this child will be brought up in the Catholic religion.

Signature: _____ Date: _____

Signature: _____ Date: _____

* Baptisms are normally celebrated within a weekend Eucharist Mass or on the first or third Sunday after 10:00 a.m. Mass. Please contact the parish office to schedule a date. Both parents and both Godparents (or proxies) must be present.

Sacrament Administered By: _____ Date: _____

Office Use Only: ___ Sacramental Registry ___ Servant Keeper