



**Baptism
Registration
Form**

402 N Kings Highway, Cherry Hill, NJ 08034
Phone (856) 667-2440, Fax (856) 482-0332
Email: parishoffice@christourlight.net

Initial Information

Family Name _____

Intended Baptism Prep Date _____

Address _____

Requested Date for Baptism _____

City _____

Time _____

State _____ Zip _____

Phone _____

Email _____

For office use:
Attended baptism preparation? _____
Baptism Date Confirmed? _____

Data for the Baptismal Register (Official Sacrament Record)

Full Name of Child to be baptized: _____

Male
 Female

Child's Date of Birth: _____ City/State where child was born: _____

Father's Name: _____ Religion: _____

Mother's First and Maiden Name: _____ Religion: _____

Godfather's Name: _____ Catholic _____ Non-Catholic _____

Godmother's Name: _____ Catholic _____ Non-Catholic _____

Will either godparent be represented by proxy? Yes _____ No _____
(stand-in witness)

Was the child privately baptized? Yes _____ No _____

Parents' Marriage Information

Are parents married? Yes _____ No _____

Were parents married in Catholic Church by a priest or deacon? Yes _____ No _____

Where were parents married? Place _____

City and State _____

If parents of child not married or married outside the Catholic Church, would the parents like to speak to a priest about getting married or having their marriage blessed in the Church?

Yes _____ No _____

Name of person who filled out this form _____

Please return this form to Christ Our Light Church as soon as it is completed. Thank you.

Offering Enclosed _____