



**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 \_\_\_\_\_