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 _____

Address _____

_____

Phone _____

*Email*_____

Intended Baptism Prep Date _____

*Requested Date for Baptism*_____

*Time*_____

For office use:

If PDF filled out by family, was information added to Spread-sheet, Parish Calendar and Preparation Sign In? □yes □n/a

Signature/Initials of Presider _____

Data for the Baptismal Register *(Official Sacrament Record)*

□ Male
□ Female

Full Name of Child to be baptized: _____

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

Father's Name: _____ **Religion:** _____

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

Godfather's Name: _____ □ **Catholic** □ **Christian** *(other than Catholic)*

Godmother's Name: _____ □ **Catholic** □ **Christian** *(other than 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** Do both parents consent to the baptism? □ **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** □ **N/A**

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.