

## **Baptismal Register Information Form**

NAME OF BAPTIZEE: \_\_\_\_\_

LAST

First

Middle

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

**Father's** Full Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

*If Catholic, please check all that apply:* \_\_\_\_\_ Baptized \_\_\_\_\_ Attend Mass weekly \_\_\_\_\_ Confirmed

\_\_\_\_\_ Go to Confession at least 1x/yr. \_\_\_\_\_ Attend all Holy Days \_\_\_\_\_ Receive the Eucharist at least 1x/yr at Easter

**Mother's** Full Maiden Name: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

*If Catholic, please check all that apply:* \_\_\_\_\_ Baptized \_\_\_\_\_ Attend Mass weekly \_\_\_\_\_ Confirmed

\_\_\_\_\_ Go to Confession at least 1x/yr. \_\_\_\_\_ Attend all Holy Days \_\_\_\_\_ Receive the Eucharist at least 1x/yr at Easter

Was parents' marriage blessed by the Catholic Church?

☐ YES, name of church \_\_\_\_\_ ☐ NO

*If parents were married without Church blessing, the marriage needs to be blessed (convalidated) in the Catholic Church. Please contact the parish office at (540)-785-5299.*

Family Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Telephone #: \_\_\_\_\_ Mother's Telephone #: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

☐ Godfather or ☐ Christian witness's Religion (male) \_\_\_\_\_

☐ Godmother or ☐ Christian witness's Religion (female): \_\_\_\_\_

Note: One of your godparents must be Catholic.

Proxy's Name & Religion (if applicable): \_\_\_\_\_

Proxy for: \_\_\_\_\_

Has the child been privately baptized (due to an emergency)? \_\_\_\_\_ Where? \_\_\_\_\_

Please make the following are complete:

☐ Yes, I am a registered parishioner

☐ (OFFICE ONLY: Confirmed Registration? \_\_\_\_\_)

☐ Yes, I have attached a certificate of live birth or a birth certificate (required).

☐ Yes, I have attached godparent/sponsor certificates or affidavits of both the godfather and godmother (or Christian witness, or proxy).

I verify this information to be accurate, and I consent to the Baptism: \_\_\_\_\_

Signature of baptized/parent/guardian

This section is to be completed by the celebrant and returned to the Recorder of Sacraments:

Celebrant: \_\_\_\_\_ Date: \_\_\_\_\_

Special Circumstances:

- ☐ Conditional Baptism
- ☐ Emergency Baptism (with / without Emergency Confirmation)
- ☐ Supplied the Rites of Baptism dated: \_\_\_\_\_ by: \_\_\_\_\_
- ☐ Ritual Ascription to: \_\_\_\_\_ (send notification)
- ☐ Adult Baptism – Age 7+ (with / without Communion; with / without Confirmation)
- ☐ Other Notations (e.g., Marriage, Death)

*Office Use Only*

- ☐ Date Assigned \_\_\_\_\_
- ☐ Clergy Assigned \_\_\_\_\_
- ☐ Certificate made
- ☐ Baptized added to family in parish database, including Baptism information
- ☐ 3 xerox copies of the certificate made
- ☐ Certificate sent