

Baptism Registration Form

Lumen Christi Catholic Community

FAMILY Name _____

Parish Members? ___ Yes ___ No

Date of Baptism _____ Mass Time _____

FAMILY INFORMATION

Child's name _____ First Middle	Date of Birth ____/____/____
Place of Birth (City) _____	Gender of Child ___ boy ___ girl
Father's name: _____ First Last	Religion _____
Mother's name _____ First Maiden	Religion _____
Mother Goes by _____ Married Name	_____ Maiden Name
Address _____ Street City State Zip	
Father's Address (if different) _____	
Phone: Mother: _____ Home Work Cell	
Father: _____ Home Work Cell	
e-mail address: _____	

BAPTISM INFORMATION

Godparents/Sponsors _____	_____	_____	
Married Couple? ___Y___N	Catholic? ___Y___N	Catholic? ___Y___N	
Proxy for Godparent _____	Catholic? ___Y___N	Catholic? ___Y___N	
Preparation Class _____	Taken _____	Needed _____	Waived _____
Permission to Announce in Bulletin? _____	Yes _____	No _____	
Number attending baptism _____			
Sacramental Minister _____	Name _____	Phone (if not the pastor) _____	

___ Intro letter Sent ___ Baptism Certificates Prepared ___ Baptism Ritual Completed 1-21-2010
___ Entered in Data Base ___ Entered in Sacramental Registry ___ Bulletin ___ Pastoral Card Sent Date: _____