



SAINT MARGARET MARY CHURCH

Baptism Registration Form

Name of the Child (*First, Middle, Last*): _____

Date of Birth (*Month-Day-Year*): _____

Place of Birth (*City, State*): _____

Father's Full Name: _____ His Religion: _____

Mother's Full *Maiden* name: _____ Her Religion: _____

Address (*Street, City & Zip code*): _____

Telephone: (____) _____

Parents Married - Yes No

In the Catholic Church - Yes No

Do you worship at St. Margaret Mary's Church, and how often.:



Godparent Full Name (*sponsor who is a practicing Catholic*): _____

Marital Status: _____

Godparent Full Name (*sponsor who is a practicing Catholic*): _____

Martial Status: _____

Notes: _____

(Please bring this *form* and your *stewardship donation of \$50.00* to the parish office)

Office Use:

Form received on: _____ Donation Received: _____

Month of Baptism: _____

Baptism Class Completed: Parent(s) Godparent(s)