

# Pier Giorgio Frassati Catholic Church

## Registration for Baptism of Infants/Children

Birth Certificate Presented: Yes / No

Date of Registration: \_\_\_\_\_

Name of Child: \_\_\_\_\_

(Complete legal name as seen on birth certificate)

Child's Date of Birth: \_\_\_\_\_ Child's Place of Birth (City): \_\_\_\_\_

Address of Child's Parents: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Father's Legal Name: \_\_\_\_\_ Father's Religion: \_\_\_\_\_

Baptized: Yes / No In What Religion: \_\_\_\_\_

If Catholic, Eucharist: Yes / No Confirmed: Yes / No

Mother's Legal Name: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

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

Baptized: Yes / No In What Religion: \_\_\_\_\_

If Catholic, Eucharist: Yes / No Confirmed: Yes / No

### Child's Parents Marriage

When: \_\_\_\_\_ Where: \_\_\_\_\_

By Whom: \_\_\_\_\_ Catholic Church: Yes / No

### Other Children

Name	Age	Baptism	Communion	Confirmation
_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No	Yes / No
_____	_____	Yes / No	Yes / No	Yes / No

Godfather's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ Over 16 Years Old: Yes / No

Baptized: Yes / No In What Religion: \_\_\_\_\_

If Catholic, Confirmed: Yes / No (Provide Certificate) Practicing: Yes / No

Married: Yes / No Blessed: Yes / No (Provide Certificate)

Godfather's Letter Received: Yes / No

Godmother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ Over 16 Years Old: Yes / No

Baptized: Yes / No In What Religion: \_\_\_\_\_

If Catholic, Confirmed: Yes / No (Provide Certificate) Practicing: Yes / No

Married: Yes / No Blessed: Yes / No (Provide Certificate)

Godmother's Letter Received: Yes / No