Elessed Bacrament Patholic Church - Eaptism Registration

OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS BOX Presiding Priest/Deacon:	
Today's Date:/	Desired Date of Baptism://
CHILD'S Full Name:	GODFATHER'S Full Name: Date of Birth (MM/DD/YYYY):/ City/State of Birth:
FATHER'S Full Name:	Address:
Father's Signature: MOTHER'S Full (Maiden) Name: Date of Birth (MM/DD/YYYY): /	GODMOTHER'S Full Name:
City/State of Birth:Address: Address: Telephone #: CATHOLIC? □ YES □ NO <i>Marital Status:</i>	Telephone #: CATHOLIC? □ YES □ NO Marital Status: Single □ Cohabiting □ Married □ Separated □ Divorced □ Widowed
□ Single □ Cohabiting □ Married □ Separated □ Divorced □ Widowed Please mark all the Sacraments that you have received: □ Baptism □ First Communion □ Confirmation □ Matrimony (by a Catholic priest)	Please mark all the Sacraments that you have received: □ Baptism □ First Communion □ Confirmation □ Matrimony (by a Catholic priest) *Godparents might be asked to provide a copy of their Sacramental certificates. Registered and active parishioner of Blessed Sacrament? □ YES □ NO
Registered and active parishioner of Blessed Sacrament? ☐ YES □ NO (If not, we will need a letter of permission from the Parish that you belong to) Mother's Signature:	(If not, we will need a letter of good standing from the Parish that you belong to) Godmother's Signature: