

Transfiguration Baptism Registration Form

Part A

(Complete Part A if the person is being baptized at Transfiguration)

Red border = Must be filled

Child's First Name _____ Middle _____ Last _____

Birthdate _____ Male _____ Female _____

City of Birth _____ State _____ Country _____

Home Address _____ City & State _____ Zip Code _____

Contact Info: Phone # _____ Email _____

Father's First Name _____ Middle _____ Last _____

Mother's First Name _____ Middle _____ Maiden Name _____

(Mother's Last name
before marriage)

Father's Religion _____ Mother's Religion _____

Parents Married in the Catholic Church? Yes _____ No _____ Name & Location of Church _____

Godfather's Name _____ Catholic? Yes _____ No _____ Confirmed? Yes _____ No _____

Godmother's Name _____ Catholic? Yes _____ No _____ Confirmed? Yes _____ No _____

Is the family Registered in the Parish? Yes _____ No _____ Would you like a registration form? Yes _____ No _____

(Please note: If registered outside the parish, a letter of permission from your home parish clergy is required.)

Class Date _____ Requested Baptism Date _____

Part B

(This part must be completed after the Baptism by Parish Staff)

Baptism Performed By _____

Certificate Entered _____ Certificate Typed _____ Certificate Mailed On _____