St. Kilian Church

Date of Class_____

Baptism Registration Form 949-586-4440 PLEASE PRINT CLEARLY AND FILL IN EVERY LINE COMPLETELY. RETURN TO PARISH OFFICE.

			Office Use Only				
Today's Date:			Date of Baptism Requested:_		Time:		
Name of Child				Date of Bir	th	M F	
First	Mic	ldle	Last	Month	Day Year		
Birth Place				Is child add	opted? Y I	N	
City			State	Has child be in another fa	Has child been previously baptized in another faith? YN		
Name of Fathe	r			Religion			
First	Middle	e	Last				
Address	Number	Street	Apt#	Phone			
				Email			
Mother's Maid	State len Name	Zip C	ode	Religion			
				-8			
First	Middle		Last Name Before Marriage	Phone			
	Number	Street	Apt #_				
City	State		Zip Code				
Married? Y	_ N Ma	arried in the	Catholic Church? YN Na	me of Church_		 	
If No, would yo	ou like to talk	to a priest	about the process of having your mar	riage blessed in	the Church? Y	N	
Name of Godfat	her / Christia	nn Witness	First Middle	Last			
Over 16	Baptized?	Catholic?	1st Communion in Confirmed in	Married?	If Catholic & Mari		
YES			Catholic Church? Catholic Church?		recognized by Catl	nolic Church?	
NO							
Name of Godmo	ther / Christ	ian Witness	First Middle				
Over 16	Baptized?	Catholic?	1st Communion in Confirmed in	Last Married?	If Catholic & Marr		
N/DC			Catholic Church? Catholic Church?		recognized by Catl	nolic Church?	
YES							
NO							
Is either Godpare	nt represented	d by proxy?	Yes No	Do	onations are made to S	St. Kilian Church.	