

St. Kilian Church
Baptism Registration Form
 949-586-4440

Date of Class _____

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 Birth			M	F
_____	_____	_____	_____	_____	_____	_____	_____
First	Middle	Last	Month	Day	Year		
Birth Place			Is child adopted? Y_____ N_____				
_____			Has child been previously baptized				
City _____ State _____			in another faith? Y_____ N_____				

Name of Father				Religion			
_____	_____	_____	_____	_____			
First	Middle	Last					
Address				Phone Number			
_____				(____) _____			
_____	_____	_____	_____	_____			
Number	Street	Apt #					
City _____ State _____ Zip Code _____							

Mother's <u>Maiden</u> Name				Religion			
_____	_____	_____	_____	_____			
First	Middle	Last Name Before Marriage					
Address				Phone Number			
_____				(____) _____			
_____	_____	_____	_____	_____			
Number	Street	Apt #					
City _____ State _____ Zip Code _____							

Married? Y__N__ Married in the Catholic Church? Y__N__ Name of Church _____

If No, would you like to talk to a priest about having your marriage blessed in the church? ____ Yes ____ No

Name of Godfather / Christian Witness							

	First	Middle	Last				
	Over 16	Baptized?	Catholic?	1st Communion in Catholic Church?	Confirmed in Catholic Church?	Married?	If Catholic & Married, is marriage Recognized by Catholic Church?
YES	_____	_____	_____	_____	_____	_____	_____
NO	_____	_____	_____	_____	_____	_____	_____
Name of Godmother / Christian Witness							

	First	Middle	Last				
	Over 16	Baptized?	Catholic?	1st Communion in Catholic Church?	Confirmed in Catholic Church?	Married?	If Catholic & Married, is marriage Recognized by Catholic Church?
YES	_____	_____	_____	_____	_____	_____	_____
NO	_____	_____	_____	_____	_____	_____	_____

Is either Godparent represented by proxy? ____ Yes ____ No

Donations are made to St. Kilian Church.