Holy Trinity Catholic Church

760 Tiffin Street ⬩ Bucyrus OH ⬩ 44820

***Baptism Registration Form***

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| ***Child*** |  | Click here to enter today’s date. |
| Full Name |  | Click here to enter text. Choose an item. |
| Birth: Date & Place: |  | Click here to enter text. at enter city and state. |
| Previously Baptized? |  | Choose an item. |
| ***Mother*** |  |  |
| Full (Maiden) Name |  | enter text. |
| Marital status |  | Choose an item. |
| Religion |  | Choose an item. Choose an item. |
| Address |  | enter text. |
| Phone & Email |  | enter text. |
| ***Father*** |  |  |
| Full Name |  | enter text. |
| Marital status |  | Choose an item. |
| Religion |  | Choose an item. Choose an item. |
| Address |  | enter text. |
| Phone & Email |  | enter text. |
| ***Godparent(s)*** [Must be Catholic. Need letter from their parish stating they are practicing and in good standing.] |
| Godfather |  | enter text. |
| practicing? |  | Choose an item. Enter name of church, city, state. |
| Godmother |  | enter text. |
| practicing? |  | Choose an item. Enter name of church, city, state. |
|  |  |  |
| ***Christian Witness*** [optional if only one godparent and must be opposite gender, but they need to initiate the request] |
| Name and religious denomination |  | enter text. |
|  |  |  |
| ***Other Parent Information*** |  |  |
| Parish of Parent Registration |  | enter name and place. |
|  |  | enter address. |
|  |  | enter phone number. |
| Marital Validity |  | Choose an item.  |
| Last attendance of Baptism Prep Program |  | Enter year and place. |
| Request for particular priest/deacon |  | enter name (and contact info if not from our parish). |
| Requested date & time |  | enter date and time – 1:30pm Sunday is the norm. |

***Other comments:***

Click here to enter additional notes.

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Baptism performed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the following date:\_\_\_\_\_\_\_\_\_\_\_\_\_.