

Baptismal Registration Form - Epiphany Cathedral, Venice, FL

Today's Date:		Tentative Baptism Date:		Actual Baptism Date:	
Priest/Deacon Signature					
Child to be Baptized.					
1 st Name		Middle Name		Last Name	
Birth Date			Age	Male/Female?	
City/State of Birth					
Has Child been previously baptized? (Yes/No)				If Yes, by whom?	
If yes, place of baptism:					
Required: A copy of the Child's Birth Certificate must be attached to this form.					
Parent's Information					
Father's 1 st Name		Middle Name	Last Name		Religion?
Husband's 1 st Name (If different)		Middle Name	Last Name		Religion?
Mother's 1 st Name		Middle Name	MAIDEN Name		Religion?
Married? (Yes/No)		Was marriage performed by a Catholic Priest?			
If yes, Church's Name/City/State:					
Parish you are currently registered: Church's Name/City/State					
Home Address			City/State		Zip
Home Phone		Work Phone		Cell	
Email:				Certificate Mailed or Pickup	
Comments:					
Sponsor Information (See Guidelines)					
Godparent's 1 st Name (Catholic)		Middle Name (Catholic)	Last Name (Catholic)		Church
Godparent's 1 st Name (Catholic)		Middle Name (Catholic)	Last Name (Catholic)		Church
Christian Witness(Baptized non-Catholic) 1 st Name		Middle Name (Christian)	Last Name (Christian)		Religion?
NOTE: If the Godparent(s) CANNOT be present for the baptism, a PROXY(s) needs to be present at Baptism.					
Name of Proxy			Name of Proxy		
In signing this form, you are confirming this information to be true and accurate to the best of your knowledge.					
Parent Signature:				Date:	
OFFICE USE ONLY:					
Session 1:		Interviewed (signature): _____		Date: _____	
Session 2:		Baptismal Class - Scheduled Date: _____		Date Class attended: _____ Facilitator: _____	

Form updated August 10, 2015