

Our Lady of the Mountains Roman Catholic Church

Baptismal Registration Form

Date Choices

1) _____

2) _____

3) _____

Actual Date of Baptism _____

First _____ **Middle** _____

Last _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Phone #: **Area Code** _____ **Number** _____

Date of Birth: **Month** _____ **Day** _____ **Year** _____

City and State of Birth: **City** _____ **State** _____ **Adopted:** yes[] no[]

FATHER'S full name:

First _____ **Middle** _____ **Last** _____

Religion: _____

MOTHER'S full name:

First _____ **Middle** _____ **Maiden** _____

Religion: _____

AT LEAST ONE GODPARENT MUST BE A PRACTICING CATHOLIC

GODFATHER:

First _____ **Middle** _____ **Last** _____

Religion: _____

Name of Proxy: _____

GODMOTHER:

First _____ **Middle** _____ **Last** _____

Religion: _____

Name of Proxy: _____

PASTOR: SIGN AND DATE ONLY AFTER BAPTISM AND RETURN TO OFFICE.

BAPTIZED BY: _____
(Pastor's signature)

Date: _____

To be recorded in official church register.