

BAPTISM REGISTRATION FORM

St Maximilian Kolbe Parish

PLEASE PRINT

Baptismal date requested (*confirmed once all paperwork is received*) _____

Full name of person to be baptized _____ (circle one) M OR F

City of birth _____ State _____ Birth date _____

Present address _____ City, State, Zip _____

Phone # _____ Email _____

Father's Name _____

Mother's 1st & Maiden Names _____

PARENTS

Married at: _____ Date: _____

We have celebrated the Sacrament of Marriage in the Catholic Church. (circle one) Yes OR No

CATHOLIC GODPARENTS*

Check the godparent form for the requirements to be a Catholic godparent.

(Male) Catholic godparent _____

(Female) Catholic godparent _____

** If desired, a baptized non-Catholic may stand with the Catholic godparent as a Christian Witness*

SCHEDULING BAPTISM

- Completed baptism registration form
- Completed baptism preparation class or verification of previous baptismal preparation class participation
- Godparent forms, signed by the pastor of the godparent's church and submitted to our parish office
- Once all forms have been received, you will be contacted by the parish office to schedule the baptism

DONATIONS

If a family wishes, they may make a donation for the baptismal cloth and candle.

For office use only: Baptism preparation completed on: _____ Paperwork Complete