



BAPTISM REGISTRATION FORM

Child's Full Name: _____ Male Female
First Middle Last

Date of Birth: _____ or Due Date: _____ Child's City/State of Birth: _____

Requested Date of Baptism: _____ Priest: _____

Father's Name: _____
First Middle Last

Date of Birth: _____ Father's Religion: _____ Date and Place of Baptism: _____

Mother's Name: _____
First Middle (Maiden Name) Last

Date of Birth: _____ Mother's Religion: _____ Date and Place of Baptism: _____

Address: _____ Email: _____

Father's Cell/Email: _____ Mother's Cell/Email: _____

Date and Place of Marriage: _____

If you are not registered at a church parish, would you be interested in joining ours? Yes _____ No _____

Godfather's Name: _____ Phone: _____
First Middle Last

Date and Place of Confirmation: _____

Godmother's Name: _____ Phone: _____
First Middle Last

Date and Place of Confirmation: _____

Christian Witness' Name: _____ Phone: _____
First Middle Last

Religion/Denomination: _____

----FOR OFFICE USE ONLY----					
Certificate <input type="checkbox"/>	Census Card <input type="checkbox"/>	Parish List <input type="checkbox"/>	Bulletin Date _____	Baptismal Register No. _____	
Birth Cert/Proof of Birth _____	Confirmation Certificate(s): <input type="checkbox"/> GF <input type="checkbox"/> GM	Eligibility Form: <input type="checkbox"/> GF <input type="checkbox"/> GM			
Baptism Seminar Date: _____	Attendance: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> GF <input type="checkbox"/> GM	Paid Date: _____	CK# _____		

Please Return or Mail to: Our Lady of Prompt Succor Church, 529 Highway 20, Thibodaux, LA 70301, 985-633-2903