

BAPTISM REGISTRATION FORM



St. Michael of Poplar Springs Roman Catholic Congregation, Inc.
1125 Saint Michael's Road
Mt Airy, MD 21771-3235
(410) 489 - 7667

FULL NAME OF CHILD _____ SEX: M OR F

FULL HOME ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

CONTACT PHONE _____ EMAIL _____

DATE OF BIRTH _____ CITY OF BIRTH _____ STATE _____

FATHER'S FULL NAME _____ RELIGION _____

MOTHER'S FULL NAME AT BIRTH _____ RELIGION _____

MARITAL STATUS OF PARENTS ___ MARRIED BY CATHOLIC PRIEST/DEACON
___ OTHER (please explain on back of page)

GODFATHER'S NAME _____ OVER 18: Y OR N

RELIGION OF GODFATHER _____ RELATION _____

GODMOTHER'S NAME _____ OVER 18: Y OR N

RELIGION OF GODMOTHER _____ RELATION _____

WILL EITHER GODPARENT BE REPRESENTED BY PROXY? _____

NAME OF PROXY (if applicable) _____

Have your godparents request a letter of good standing from their registered parish as soon as possible, and send to St. Michael via email and mail. Parish_Secretary@stmichaelpoplarsprings.org

IS YOUR FAMILY REGISTERED AT ST. MICHAEL? _____ IF NOT, PLEASE REGISTER IF POSSIBLE.

HAS CHILD BEEN PREVIOUSLY BAPTIZED UNDER ANY CIRCUMSTANCES? _____
(If yes, please explain on back of page)

WAS THE CHILD ADOPTED? _____

HAVE PARENTS PREVIOUSLY ATTENDED BAPTISM CLASS AT ST. MCIHAEL? _____ YEAR _____

Please bring this completed form to baptismal prep.

TO BE COMPLETED BY THE PARISH OFFICE

DATE OF PREBAPTISM CATECHESIS _____ NAME OF INSTRUCTOR _____

DATE OF BAPTISM _____ TIME _____

CELEBRANT _____

CELEBRANT SIGNATURE _____

BAPTISMAL REGISTER VOL. # _____ PAGE _____ DATABASE ___ / ___ / ___

PAID (\$25.00) (DATE / /) BIBLE & ROSARY RECEIVED ON / /