

BAPTISM REGISTRATION FORM



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

FULL NAME OF CHILD \_\_\_\_\_

FULL HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_ STATE \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

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

GODFATHER'S NAME \_\_\_\_\_

RELIGION OF GODFATHER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GODMOTHER'S NAME \_\_\_\_\_

RELIGION OF GODMOTHER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

IS EITHER GODPARENT REPRESENTED BY PROXY? \_\_\_\_\_

NAME OF PROXY (if applicable) \_\_\_\_\_

**Please have your godparents request a letter of good standing from their church to be sent to St. Michael (attn. Hana Santiago).**

HAS CHILD BEEN PREVIOUSLY BAPTIZED UNDER ANY CIRCUMSTANCES? (Please explain on back of page) \_\_\_\_\_

WAS THE CHILD ADOPTED? \_\_\_\_\_

HAVE PARENTS PREVIOUSLY ATTENDED BAPTISM CLASS? \_\_\_\_\_ 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 / /