Saint Ambrose
CATHOLIC COMMUNITY

Baptism Registration Form

Child's Full Name: _____
First **Middle** **Last**

Date of Birth: _____ **City of Birth:** _____

Father's Name: _____
First **Middle** **Last**

Catholic: yes_____ no_____

Mother's Name: _____
First **Middle** **Maiden** **Last**

Catholic: yes_____ no_____

Address: _____

Phone: _____ **Email:** _____

Godparents: Please provide the full name and address of each Godparent. Traditionally, one male and one female Godparent are chosen. Only one Godparent is required, but he or she **must be a confirmed Catholic**. If the second individual is not Catholic, that person may serve as a Christian witness.

1._____
_____
_____
Catholic: yes_____ no _____

2._____
_____
_____
Catholic: yes_____ no _____

☐ **Copy of birth certificate (include with this form at least 1 week prior to baptism)**

Date of Baptism: _____

Time of Baptism: _____

FOR PARISH USE ONLY:
Family registered in Parish: yes____#_____ no_____
Previous Baptism at Saint Ambrose: yes_____ no_____
Date of Baptism Class: _____

Baptized By: _____

Baptized Date: _____

Signature: _____

Baptism Certificate	_____
Sacrament Book	_____
ParishSoft	_____
Bulletin	_____