

CELEBRANT: _____

**OUR MOTHER OF GOOD COUNSEL
BAPTISMAL
REGISTRATION**

FULL NAME OF CHILD: _____

RESIDENCE: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

PLACE OF BIRTH (CITY & STATE): _____

DATE & TIME OF BAPTISM: _____

FATHER'S FULL NAME: _____

RELIGION OF FATHER: _____

MOTHER'S FULL NAME (INCLUDING MAIDEN NAME):

RELIGION OF MOTHER: _____

WERE PARENTS MARRIED BY A CATHOLIC PRIEST? _____

GODFATHER: _____

IS GODFATHER A CATHOLIC? _____

GODMOTHER: _____

IS GODMOTHER A CATHOLIC? _____

WAS THE CHILD PRIVATELY BAPTIZED? _____

PLEASE NOTE: Baptisms are held on the third Sundays of the month at a 1:00 ceremony. A Baptismal Preparation Class is required if you have not attended one in the past three years. Classes are held here at the Church on the last Monday of each month at 7:00 PM. Please contact the Parish Office to sign up for a class. If a tentative date has been set for the Baptism, that date will remain tentative until this registration form is completed and returned to the Parish Office. This **MUST** be turned into the Parish office no later than 9:00 AM, on the Monday prior to the Baptism. Otherwise, we will be happy to reschedule the Baptism. At this special time in your child's life, you may wish to commemorate this Sacrament with a donation to the Church, although it is not a requirement. Thank you for your cooperation.