



Assumption Parish Registration for Baptism

Name of Child: _____ [] M [] F
(first, middle, and last)

Address: _____

City/State/Zip: _____

Date of Birth: _____ City/State: _____

Date of Baptism: _____

Father's Name: _____

Phone: _____ Religion: _____

Mother's (Maiden) name: _____

Phone: _____ Religion: _____

Married by a Catholic Priest [] Yes [] No [] Not married

Godfather: _____

Confirmed Catholic: [] Yes other _____

Godmother: _____

Confirmed Catholic: [] Yes other _____

Godparent Proxy? _____

Scheduled class on _____ [] previously attended [] waived

For office use: Register _____ SK [] PH []

Join Date: _____ Certificate []

Notes: _____

Name of Priest or Deacon: _____