

INFANT BAPTISM REGISTRATION FORM

New Life in Christ

Go therefore, make disciples of all nations; baptize them in the name of the Father and of the Son and of the Holy Spirit” (Mt. 28:19)

Child's Name: _____
(please print) last first middle

Circle M/F This is our _____ child. Child Adopted? ___ Yes ___ No

Date of Birth _____ Place of Birth _____

Father's Full Name _____ Religion _____

Mother's Full Name _____ Religion _____
Mother's Maiden Name _____

Address _____
 Street City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Registered Members at St. Michael Church? ___ Yes ___ No
If not, where? _____

Church of Marriage _____
 Church City State

Date of Marriage _____

Briefly indicate why you want your child baptized in the Church.

How does your practice of the faith prepare you to fulfill the responsibility of nourishing your child's faith?

We attended a Baptism Prep Session on _____ at _____

Date Requested for Baptism _____ (OVER)

