

Language _____
Date of Baptism _____

OFFICE USE ONLY		
Paid: Cash <input type="checkbox"/>	Check <input type="checkbox"/>	# _____
Initials: _____		
Number in Register _____	/	_____ / _____
	book	page space

Legal name of Child: _____

Date of Birth: ____/____/____

Legal Maiden Name of Mother _____
First Middle Initial Last
Address: _____
Telephone: () _____

Legal Maiden Name of Father _____
First Middle Initial Last
Address: _____
Telephone: () _____

***Sponsors are required to be over the age of 17, confirmed Catholics, and either single or if living with a partner they MUST be married by the Catholic Church. Due to limited space, please only provide one first name and one last name.**

Legal name of sponsor _____			
Phone number: _____	Confirmed? Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Single? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Married by Catholic Church? Yes <input type="checkbox"/>	No <input type="checkbox"/>

Legal name of sponsor _____			
Phone number: _____	Confirmed? Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Single? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Married by Catholic Church? Yes <input type="checkbox"/>	No <input type="checkbox"/>