

# St. Michael the Archangel Catholic Church

8014 State Road 52 ♦ Hudson, Florida 34667-6763 ♦ 727-868-5276

## Baptism Registration Form

Child's Name: \_\_\_\_\_

Sex of Child:  Male  Female Child's Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Religion of Father: \_\_\_\_\_

Mother's Name and Maiden Name: \_\_\_\_\_

Religion of Mother: \_\_\_\_\_

Are the Parents Married?  Yes  No If Yes, were they married in the Catholic Church?  Yes  No

Is the family registered at St. Michael the Archangel Catholic Church?  Yes  No

### Parental Consent:

I consent to the baptism of my child in the Catholic Church and realize that, once baptized, the child must be brought up in the practice of the Catholic faith.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date of Baptism: \_\_\_\_\_ Time of Baptism: \_\_\_\_\_

Name of Priest/Deacon: \_\_\_\_\_

Recorded in Sacramental Records:  Yes Page and Record Number: \_\_\_\_\_