

St. Martin de Porres Catholic Church Baptism Registration Form

Date of Baptism: _____

Please complete this form accurately. The information you provide will appear on your child's Baptismal Certificate and will be an official record at St. Martin de Porres Catholic Church and the Archdiocese of Chicago.

(PLEASE PRINT CAPITAL LETTERS ONLY, USE FULL NAMES – NO NICKNAMES!)

Name of Person Baptized: _____
First
Middle
Last

City of Birth: _____ Date of Birth: _____
City
State

Baptismal Name: _____

Father's Name: _____ **Yes / No**
First
Middle
Last
Religion
Confirmed *

Mother's Name _____ **Yes / No**
First
Middle
Last
Religion
Confirmed *

Marriage Status: Married _____ Catholic Marriage? **Yes/No** Not Married? _____ Divorced? _____ Single Parent? _____

Address _____ City _____ State _____ ZIP _____
Home Phone # _____ Cell Phone # _____ Work Phone # _____ Date of Baptism Meeting _____

Godmother _____ Godfather _____
Catholic _____ Non-Catholic _____ Catholic _____ Non-Catholic _____

Priest/Deacon _____

Type of Baptism | Immersion | Infusion (pouring) |

Email address: _____

FAMILY INFORMATION (PLEASE PRINT)

Are you a Registered Member of St. Martin de Porres Parish? **Mother Yes/No** _____ **Father Yes/No** _____

Frequency of worship: Weekly _____ Monthly _____ Other Specify _____

If Married, Church Married In: _____

Date of Marriage: _____