



Our Lady of Mount Carmel

Baptism Registration Form



Date Application Submitted (Print) _____	Requested class date (Print) _____	Requested Baptism Date: _____ Church Name (Print): _____ Address (Print): _____
Child's First Name (Print)	Child's Middle Name (Print)	Child's Last Name (Print)
Child's Date of Birth (Print)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Place of Birth (Location, City, State) (Print)
Mother's Maiden Name (Print First and last name)	Mother's Religion (Print)	<i style="color: red; font-weight: bold;">Parish use only</i> Date class training completed: _____ Location of Training: _____
Father's Full Name (Print)	Father's Religion (Print)	<i style="color: red; font-weight: bold;">Parish use only</i> Date class training completed: _____ Location of Training: _____
Parents Registered Parishioners of OLMC? Yes <input type="checkbox"/> No <input type="checkbox"/> Registered to another Parish? Name of Church: _____	Parents do you have any other children? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, enter their age (years)	Parents Marital Status Single: Yes <input type="checkbox"/> No <input type="checkbox"/> Married in Church: Date: _____ Location: _____ Civil Married: Date: _____ Plan to Marry in the Church? Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents Mailing Address (Print)	City & Zip Code (Print)	Home Phone #: _____ Cell Phone #: _____ Email Address: _____
I agree to raise the child in the faith Mother's Signature	Baptism registration fees are non-refundable <i style="color: red;">Ordinary Baptism Fee: \$50 ordinary</i> <i style="color: red;">Private Baptism Fee: \$200 (for Registered Parish Parishioners only)</i> Amount paid: _____ Date paid: _____	I agree to raise the child in the faith Father's Signature:
Godmother's Full Name (Print First and last name) Age: _____ Godmother's Religion (Print) Initiated in the Church? Yes <input type="checkbox"/> No <input type="checkbox"/> Practicing Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/>	Godmother Marital Status Single? Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/> Annulment? Yes <input type="checkbox"/> No <input type="checkbox"/> Married in Church: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Location: _____ Civil Married: Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	<i style="color: red; font-weight: bold;">Parish use only</i> Date class training completed: _____ Location of Training: _____
Godfather's Full Name (Print First and last name) Age: _____ Godfather's Religion (Print) Initiated in the Church? Yes <input type="checkbox"/> No <input type="checkbox"/> Practicing Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/>	Godfather Marital Status Single? Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/> Annulment? Yes <input type="checkbox"/> No <input type="checkbox"/> Married in Church: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Location: _____ Civil Married: Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	<i style="color: red; font-weight: bold;">Parish use only</i> Date class training completed: _____ Location of Training: _____
Completion of Baptism Rite	<i style="color: red; font-weight: bold;">Parish use only</i> Name & Title of Celebrant (Print) _____	Signature: _____ Date: _____