



# Our Lady of Mount Carmel

## Baptism Registration Form



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