

ST. MARGARET *of Scotland* Catholic Church

Baptismal Registration Form

Baptismal Class Completion Date: _____ (Proposed) Date & Time of Baptism: _____
(MOST RECENT)

Child's Information	Adopted? Yes/No
Name: _____ (Circle One) Male/Female (FIRST) (MIDDLE) (LAST)	
Address: Street _____	
City: _____ State: _____ Zip: _____	
Due Date/Birthdate: _____ City, State of Birth: _____	

Are parents married in the Catholic Church? Yes/No
Will both parents be involved in the Baptism? Yes/No

Mother's Information
Name: _____ (FIRST) (MIDDLE) (MAIDEN) (LAST)
Religion: _____ Registered Member of St. Margaret's? Yes/No
Cell Phone: _____ Email: _____

Father's Information
Name: _____ (FIRST) (MIDDLE) (LAST)
Religion: _____ Registered Member of St. Margaret's? Yes/No
Cell Phone: _____ Email: _____