## Baptism Registration



## Our Lady of Fatima Catholic Church

Please fill in the information below, print and return with a copy of the child's birth certificate to SBURDETT@OLFATIMA.ORG Today's Date Infant's Full Name Date of Birth. City of Birth **Parents Information:** Father's Full name Father's religion Mother's Full legal name Mother's religion Mother's Maiden name Street address City Zip code State Email address Phone number

Name of Parish where family is currently registered or considers their home parish	
Name of Parish or location where parents were m	arried
Was the child adopted: Yes No	
Godparent Information: Godparents Catholics. Other Christians are cor	•
Name of Catholic Godparent #1 (Only One Godpar	rent is required)
If Godparent #1 will have a proxy, name of proxy	Godparent/Witness #2 Name
Is there any additional Information that the Church should know about your child?	
Name of Person submitting this information	
To be completed by Our Lady of Fatima Parish:	
Dates of classes attended by parents:	
Pastoral appointment needed?	-
Date scheduled for baptism:	Copy of live-birth certificate filed:
Clergy officiating:	
Recorded in Baptismal Registry:	Baptismal Certificate mailed: