Church of the Magdalene
Sleepy Hollow, NY

BATISM REGISTRATION FORM
(please print clearly)

CHILD'S INFORMATION

NAME OF CHILD _____ GENDER _____

CHILD'S DATE OF BIRTH _____

ADDRESS _____

PHONE NUMBER _____

CHILD'S PLACE OF BIRTH _____

DATE OF BAPTISM REQUESTED _____
(please list a few options)

PARENTS INFORMATION

FATHER'S NAME _____

RELIGION OF FATHER _____

MOTHER'S NAME/MAIDEN NAME _____

RELIGION OF MOTHER _____

IN WHAT CATHOLIC CHURCH WERE PARENTS MARRIED? _____

_____

GODPARENT'S INFORMATION

GODFATHER'S NAME _____

GODFATHER'S RELIGION _____

GODMOTHER'S NAME _____

GODMOTHER'S RELIGION _____

OTHER INFORMATION (please circle yes or no)

WAS CHILD PREVIOUSLY BAPTIZED? YES OR NO WAS CHILD ADOPTED? YES OR NO

IS EITHER GODPARENT REPRESENTED BY PROXY? YES OR NO