

# IMMACULATE HEART OF MARY CHURCH

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## BAPTISMAL REGISTRATION FORM

*PLEASE PROVIDE A STATE CERTIFIED BIRTH CERTIFICATE WITH THIS FORM*

NAME OF CHILD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS OF PARENT \_\_\_\_\_

PARISH WHERE PARENTS ARE REGISTERED \_\_\_\_\_

PLACE OF BAPTISM:       IMMACULATE HEART OF MARY CHURCH  
                                  ST CATHERINE MISSION

WAS CHILD ADOPTED?       YES                       NO

GODFATHER \_\_\_\_\_ RELIGION \_\_\_\_\_

GODMOTHER \_\_\_\_\_ RELIGION \_\_\_\_\_

WILL EITHER GODPARENT BE REPRESENTED BY PROXY?       YES                       NO

NAME OF PROXY \_\_\_\_\_

### PARISH OFFICE WILL COMPLETE THE FOLLOWING

DATE OF BAPTISM \_\_\_\_\_ NAME OF PRIEST \_\_\_\_\_

ATTENDED BAPTISMAL PREP CLASSES \_\_\_\_\_ DATE OF CLASS \_\_\_\_\_

ADDED TO BAPTISMAL REGISTER ON \_\_\_\_\_ PAGE #/ REF # \_\_\_\_\_

CERTIFICATE ISSUED ON \_\_\_\_\_ BY \_\_\_\_\_