

CHRIST THE KING  CATHOLIC CHURCH

MAKING GOD KNOWN, LOVED, AND SERVED

52473 State Route 933, South Bend, IN 46637
Phone: 574-272-3113 + Fax: 574-273-6702

Baptism Registration

Name of **Child** [First, Middle, Last]: _____

Date of Birth: ____/____/____ Sex of Child: _____ City of Birth: _____

Street Address: _____

Phone Number: _____

Name of **Father** [First, Last]: _____

Email: _____

Religion of father: _____

Name of **Mother** [First, Last (and Maiden)]: _____

Email: _____

Religion of mother: _____

Were parents married by a Catholic priest or deacon? _____

Are parents registered members of Christ the King? _____

Name of **Godfather**: _____

Is godfather Catholic? _____

Parish godfather attends: _____

Name of **Godmother**: _____

Is godmother Catholic? _____

Parish godmother attends: _____

Will either godparent be represented by a proxy? _____

Name of proxy for godparent, if there is one: _____

Was the child privately baptized? _____ Was the child adopted? _____

Have you attended a baptism preparation class at Christ the King or another parish? _____

If so, when and where did you complete this preparation? _____

Requested date and time of baptism (*must be confirmed by pastor*): _____

Preferred priest/deacon officiant: _____

Please note: Baptisms at Christ the King are usually celebrated after Mass on Sunday afternoons.