



Baptism Registration Form

Select which location you would prefer:

St. Edward the Confessor Catholic Church:____ San Felipe de Jesus Chapel:____

Child's Full Name:_____

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

Father's Full Name:_____ Catholic: Yes___ No___

Mother's First & Maiden Name:_____ Catholic: Yes___ No___

Address:_____

City:_____ Zip Code:_____

Email:_____ Phone: (____) ____ - ____

Requested Date of Baptism:____/____/____ Presider:_____

Are you a registered member of St. Edward the Confessor Parish? Yes___ No___

Were parents married in the Roman Catholic? Yes___ No___

Godfather's Name:_____ Catholic: Yes___ No___

Christian: Yes___ No___

Godmother's Name:_____ Catholic: Yes___ No___

Christian: Yes___ No___

Have the parents taken baptism preparation class before? Yes___ No___

If yes, where and when: _____

Have the Godparents taken baptism preparation class before? Yes___ No___

If yes, where and when: _____

Please email to faithformation@stedward.com