



CHURCH OF THE
HOLY FAMILY

320 12th St, COLUMBUS, GA 31901 * 706.323.6908

BAPTISM REGISTRATION FORM

(to be completed by parents)

PLEASE PRINT

Baptismal date requested (*confirmed once all paperwork is received*): _____

(Baptisms are held at 1:00 PM on the second Sunday of each month.)

Full name of person to be baptized: _____ (*check one*) M or F

City/State of birth: _____ Birth date: _____

Present address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Father's Name: _____

Mother's First Name and Maiden Name: _____

Married at: _____ Date: _____

We have celebrated the Sacrament of Marriage in the Catholic Church. (*check one*) Yes OR No

CATHOLIC GODPARENTS*

Check the godparent form for the requirements to be a Catholic godparent.

(Male) Catholic godparent:

(or) Christian Witness:

(Female) Catholic godparent:

(or) Christian Witness:

** If desired, a baptized non-Catholic may stand with the Catholic godparent as a Christian witness.*

SCHEDULING BAPTISM

Completed baptism registration form

Completed baptism preparation class or verification of previous baptismal preparation class participation

Godparent forms, signed by the pastor of the godparent's church and submitted to our parish office

Once all forms have been received, you will be contacted by the parish office to schedule the baptism