

Our Lady Queen of Martyrs

Forest Hills, New York

Baptism Register

(Please write all information as it appears on the child's birth certificate)

Child's Full Name: _____
(First Name) (Middle Name) (Last Name)

Child's Date of Birth: _____ / _____ / _____ Family Contact (phone): _____
(Month) (Day) (Year)

Birth Certificate #: _____

Father's Full Name: _____
(First Name) (Middle Name) (Last Name)

Mother's First & Maiden Name: _____
(First Name) (Last Name - before marriage)

Mailing Address: _____
(Street Address) (Apt #) (City/State/Zip Code)

Religion: _____
(Father) (Mother)

Were parents married by a Catholic priest? _____

**** AT LEAST ONE GODPARENT MUST BE A PRACTICING CATHOLIC. ****

*** Godparents must be of a Christian faith. Non-Christians cannot serve as godparents. ***

Godfather: _____ Catholic? Yes ___ No ___
(First Name) (Last Name)
If "No," what is your Christian faith? _____

Godmother: _____ Catholic? Yes ___ No ___
(First Name) (Last Name)
If "No," what is your Christian faith? _____

Is either godparent represented by a proxy? _____

If yes, by whom? _____
(First Name) (Last Name)

Was the child adopted? _____

Requested Date of Baptism: _____
(Month) (Day) (Year)

Celebrant/Priest Signature: _____
(For Church Use - Leave Blank)



**** All information on this form as written will be reflected in the Baptismal Certificate & Official Church Record ****