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1501 West Causeway Approach  
Mandeville, LA 70471  
985-626-6977

## BAPTISMAL REGISTRATION FORM

### CHILD INFORMATION:

Child's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_ Place of Birth: \_\_\_\_\_ Requested Date of Baptism: \_\_\_\_\_

### PARENT INFORMATION:

Father's Full Name: \_\_\_\_\_ Age: \_\_\_\_  
(First) (Middle) (Last)

Father's Religion: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Age: \_\_\_\_  
(First) (Middle) (Maiden)

Mother's Religion: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Family Address: \_\_\_\_\_

Family Email: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Is this your first child? Yes/No

Married by (Circle one): Priest / Minister / Civil Official / Not Married

Date of Marriage: \_\_\_\_\_ Church of Marriage: \_\_\_\_\_

Are you registered at Mary, Queen of Peace? Yes / No

If no, in which parish do you reside? \_\_\_\_\_

**GODPARENT INFORMATION:** (Please read the guidelines for choosing a Godparent before completing this section. Guidelines can be found on our website under Sacraments at [www.maryqueenofpeace.org](http://www.maryqueenofpeace.org))

Godfather's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Religion: \_\_\_\_\_ Age: \_\_\_\_ Confirmed? Yes / No

Good standing (Valid marriage, etc)? Yes / No

Godmother's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Religion: \_\_\_\_\_ Age: \_\_\_\_ Confirmed? Yes / No

Good standing (Valid marriage, etc)? Yes / No

Christian Witness Denomination: \_\_\_\_\_

The Above Information is Correct: \_\_\_\_\_ (Signature of Parent)

## CHECKLIST FOR OFFICE USE

Priest/Deacon scheduled for Baptism \_\_\_\_\_

Date and time of Baptism \_\_\_\_\_

Testimonials: Father \_\_\_ Mother \_\_\_ Godfather \_\_\_ Godmother \_\_\_

Seminar: Father \_\_\_ Mother \_\_\_ Godfather \_\_\_ Godmother \_\_\_

Out of Parish Letter of Permission: \_\_\_\_\_

Recorded in Baptismal Register: \_\_\_\_\_

Notes: