

St. Norbert Catholic Church
Baptism Registration

Date: _____

PRINT CLEARLY, COMPLETE AND RETURN TO PARISH OFFICE

Office Use Only

Today's Date: _____ Date of Baptism Requested: _____ Time: _____
Priest: _____ Deacon: _____

Name of Child: _____ **Date of Birth** _____ **M** **F**
First _____ Middle _____ Last _____ Month _____ Day _____ Year _____
Birth Place: _____
City _____ State _____

Father's Name: _____ **Religion** _____
First _____ Middle _____ Last _____
Phone Number: _____
Address: _____
Number _____ Street _____ Apt # _____
City _____ State _____ Zip Code _____
Mother's Name: _____ **Religion** _____
First _____ Middle _____ Last _____
Phone Number: _____
Address: _____
Number _____ Street _____ Apt # _____
City _____ State _____ Zip Code _____
Married? Y____. N____. **In a Catholic Church?** Y____. N____. **Church Name:** _____
If No, we would be happy to assist you in reconciling your situation. Would you like a consultation? Y____. N____.

Proposed Godfather/Christian Witness: _____ **Over 16?** Y____. N____.
First _____ Middle _____ Last _____
Catholic Sacraments Received:
Baptism _____ 1st Communion _____ Confirmation _____ Catholic Marriage _____ Other _____
Proposed Godmother/Christian Witness: _____ **Over 16?** Y____. N____.
First _____ Middle _____ Last _____
Catholic Sacraments Received:
Baptism _____ 1st Communion _____ Confirmation _____ Catholic Marriage _____ Other _____

Donations are made to St. Norbert Church

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