

BAPTISM REGISTRATION FORM



St. Michael of Poplar Springs Roman Catholic Congregation, Inc.  
1125 Saint Michael's Road  
Mt Airy, MD 21771-3235  
(410) 489 - 7667

FULL NAME OF CHILD \_\_\_\_\_ SEX: M OR F

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_ STATE \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S FULL NAME AT BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_

MARITAL STATUS OF PARENTS: SACRAMENTAL MARRIAGE WITNESSED BY A CATHOLIC PRIEST/  
DEACON Y OR N \_\_\_\_\_ OTHER (please explain on back of page)

FATHER'S SIGNATURE \_\_\_\_\_ MOTHER'S SIGNATURE \_\_\_\_\_

GODFATHER'S NAME \_\_\_\_\_ OVER 16: Y OR N

RELIGION OF GODFATHER \_\_\_\_\_ RELATION \_\_\_\_\_

GODMOTHER'S NAME \_\_\_\_\_ OVER 16: Y OR N

RELIGION OF GODMOTHER \_\_\_\_\_ RELATION \_\_\_\_\_

WILL EITHER GODPARENT BE REPRESENTED BY PROXY? \_\_\_\_\_

NAME OF PROXY (if applicable) \_\_\_\_\_

**Have your godparents request a letter of good standing from their registered parish as soon as possible, and send to St. Michael via email and mail. [SAmatucci@smpchurch.org](mailto:SAmatucci@smpchurch.org)**

IS YOUR FAMILY REGISTERED AT ST. MICHAEL? \_\_\_\_\_ IF NOT, PLEASE REGISTER IF POSSIBLE.

HAS CHILD BEEN PREVIOUSLY BAPTIZED UNDER ANY CIRCUMSTANCES? \_\_\_\_\_  
(If yes, please explain on back of page)

WAS THE CHILD ADOPTED? \_\_\_\_\_

HAVE PARENTS PREVIOUSLY ATTENDED BAPTISM CLASS AT ST. MICHAEL? \_\_\_\_\_ YEAR \_\_\_\_\_

**PLEASE PROVIDE A PHOTOCOPY OF YOUR CHILD'S BIRTH CERTIFICATE**

**TO BE COMPLETED BY THE PARISH OFFICE**

DATE OF PREBAPTISM CATECHESIS \_\_\_\_\_ NAME OF INSTRUCTOR \_\_\_\_\_

DATE OF BAPTISM \_\_\_\_\_ TIME \_\_\_\_\_

CELEBRANT \_\_\_\_\_

CELEBRANT SIGNATURE \_\_\_\_\_