



# Infant Baptism Registration Form

Christ the King Catholic Church  
4000 Ave Maria Dr., Ann Arbor, Michigan 48105  
734-665-5040

All information is confidential. Please print all information clearly.

Name of Child: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Name of Mother: First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Religion of Mother \_\_\_\_\_ Email \_\_\_\_\_

Name of Father: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Religion of Father \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number: Father \_\_\_\_\_ Mother \_\_\_\_\_

Has your child been previously baptized? \_\_\_\_\_ If so, where? \_\_\_\_\_

Requested Date of Baptism\* (choose two dates): \_\_\_\_\_

Name of Sponsor: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Religion of Sponsor \_\_\_\_\_ Parish of Sponsor \_\_\_\_\_

Name of Sponsor: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Religion of Sponsor \_\_\_\_\_ Parish of Sponsor \_\_\_\_\_

Name of Clergy: First \_\_\_\_\_ Last \_\_\_\_\_

Clergy phone number (if not Christ the King): \_\_\_\_\_

For your first child, have you completed the baptism catechesis class? \_\_\_\_\_

*To be completed after the Baptism:*

Baptism performed by: \_\_\_\_\_ Clergy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Baptisms performed by Christ the King clergy are always scheduled for the second Sunday of the month, excepting May.

## Questions Regarding Catholic Practice

Parish where you are registered \_\_\_\_\_ How long? \_\_\_\_\_

How often do you attend Sunday Mass? Mother \_\_\_\_\_ Father \_\_\_\_\_

How often do you go to Confession? Mother \_\_\_\_\_ Father \_\_\_\_\_

How are you involved in parish life? \_\_\_\_\_

Were you married in the Catholic Church? \_\_\_\_\_ Date of Marriage \_\_\_\_\_

If not married in the Church, why not? \_\_\_\_\_

Did you, as an individual/couple, decide to marry outside of the Catholic Church because of a divorce situation? \_\_\_\_\_

Number of children \_\_\_\_\_ Ages \_\_\_\_\_

Are the children enrolled in a Catholic religious education program or in a Catholic school? \_\_\_\_\_

**Please sign and return. We hereby request the Sacrament of Baptism for our child:**

Father \_\_\_\_\_

Date \_\_\_\_\_

Mother \_\_\_\_\_

Date \_\_\_\_\_

Please use the space below to list any saints you would like mentioned in the Litany of the Saints, and any deceased relatives you wish to have included in the intercessions:

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