

The Catholic Community of Christ Our Light
Baptismal Registration Form

402 N Kings Highway
Cherry Hill, NJ 08034
(856) 667-2440
www.christourlight.net

Family Information

Family Name _____
Address _____
City _____
State/Zip _____
Phone _____
Date form completed: _____

*Date you will attend the Rite of Acceptance and
the Baptismal Preparation Program*

Requested Date for Baptism _____

Requested Time for Baptism _____

Date and Time Confirmed by Office _____

Data for the Baptismal Register

Full Name of Child to be baptized: _____

Child's Date of Birth: _____ City where child was born: _____

Father's Name: _____ Religion: _____

Mother's First and Maiden Name: _____ Religion: _____

Godfather's Name: _____ Catholic _____ Non-Catholic _____

Godmother's Name: _____ Catholic _____ Non-Catholic _____

Is either Godparent represented by Proxy? Yes _____ No _____

Was the Child privately baptized? Yes _____ No _____

Parents' Marriage Information

Are Parents Married? Yes _____ No _____

Were Parents Married in Catholic Church by a Priest or Deacon? Yes _____ No _____

Where were Parents Married? Place _____

City and State _____

If parents of child not married or married outside the Catholic Church, would the parents like to speak to a priest about getting married or having their marriage blessed in the Church?

Yes _____ No _____

Name of Person who filled out this form _____

Please return this form to Christ Our Light as soon as it is completed. Thank you