ALL SAINTS CATHOLIC CHURCH, DALLAS, TX

Baptismal Registration Form—Family Information

5231 Meadowcreek Drive at Arapaho Dallas, TX 75248-4046 972-661-9282 (phone) 972-233-5401 (fax)



www.allsaintsdallas.org	Today's Date _	
Please print clearly. Information provided with	l be recorded in the Church Sacramental Records	and on the child's Baptismal Certificate.
Child's Full Name		Sex: M F (circle one)
Date of Birth/ City	y of Birth	, State
Name(s) of Child's Sibling(s)		
Father's Full Name		Religion
Mother's Full Name	Maiden Name	Religion
Address (Street & P.O. Box)		
CityStateZip	E-mail	
Home Phone	Cell Phone	
Husband's Daytime Phone	Wife's Daytime I	Phone
You must hav	e at least one practicing Catholic a	as a godparent.
Godmother /Christian Wit	rness: Godfath	ner /Christian Witness:
Name	Name	· · · · · · · · · · · · · · · · · · ·
Religion	Religion	
Proxy	Proxy	
granting permiss Are you a registered member of All Saints		• • • •
If no, what parish?Name	City	State
Have you attended a baptism preparation If yes, when and at what parish?	class? Yes ☐ No ☐	
n you, mon and at mat panen.	Name	City State
Was this child adopted? Yes \square No \square	Was this child previously baptize	ed? Yes ☐ No ☐
Are you Married? Yes ☐ No ☐	Are you married in the Catholic C	Church Yes ☐ No ☐
Are you practicing the Catholic Faith? Ye	es 🗆 No 🗆	
Signature	Date Signature	Date
What date would you like your child baptize baptisms are celebrated at 12:30 p.m. or		
Date of Baptism/	OFFICE USE ONLY Recorded//	Certificate Mailed//
Priest/Deacon	Entered into database / /	Notified by Phone/