



Holy Family Parish

Focus on God + Follow Jesus + Form Disciples

Creer en Dios + Conocer a Jesús + Crear Discípulos

305 Division St. + Adrian, MI 49221 + 517-263-4681 + www.holyfamilyadrian.com

Infant/Child Baptism Registration Form

Thank you for your interest in having your child baptized here at Holy Family Parish! Please fill out this form to the best of your ability. If you have any questions, feel free to call the parish office at the number above or send an email to officecoordinator.hfa@gmail.com.

Date being filled out: ____/____/____

Child Information

Please note: This form is for children who are **newborn through age 6**. Please contact parish office for children older than that.

First Name Middle Name Last Name

_____/_____/_____
Date of birth Sex: Male Female

Location of birth (City & State)

Mother's Information

First Name Middle Name Last Name

Email Address (_____) _____ - _____
Cell Phone Number

Maiden Name (if applicable)

Is this person Catholic? Yes No If not, what religion are they? _____

If Catholic, what church does this person belong to? _____

(Continued on next page)

Sponsor (Godparent) Information

Please note: One sponsor (godparent) must be confirmed, a practicing Catholic, and in good standing with the Catholic Church. Only one godparent is necessary.

Godparent #1

 First Name Middle Name Last Name

 Email Address () -
 Cell Phone Number

Is this person Catholic? Yes No If not, what religion are they? _____

If Catholic, what church does this person belong to? _____

Has this person received the following Sacraments? *(Answer to the best of your ability)*

Baptism: Yes No _____
 Church, City and State

1st Eucharist: Yes No _____
 Church, City and State

Confirmation: Yes No _____
 Church, City and State

Godparent #2

 First Name Middle Name Last Name

 Email Address () -
 Cell Phone Number

Is this person Catholic? Yes No If not, what religion are they? _____

If Catholic, what church does this person belong to? _____

Has this person received the following Sacraments? *(Answer to the best of your ability)*

Baptism: Yes No _____
 Church, City and State

1st Eucharist: Yes No _____
 Church, City and State

Confirmation: Yes No _____
 Church, City and State

Other Information

What is your desired date of baptism? ____/____/____

Please note: baptisms take place during our Sunday Masses.

- At which Mass would you prefer? 4:00pm Saturday (St. Mary Campus)
(Please circle one)
- 8:00am Sunday (St. Joseph Campus)
- 10:00am Sunday (St. Mary Campus)
- 11:45am Sunday (St. Mary Campus, bilingual Mass)

- | | | |
|---|-----|----|
| Is this family registered as parishioners at Holy Family Parish? | Yes | No |
| Do you need to attend the classes (only necessary if this is the first child)? | Yes | No |
| Do the godparents need to attend a class? | Yes | No |
| Do you give permission to Holy Family Parish to place photos of this baptism on our website, social media pages, or in the parish bulletin? | Yes | No |

When this form is completed, please mail to the address at the bottom of the page or email to: officecoordinator.hfa@gmail.com.