



Baptism Register

St. Clement & St. Teresa of Avila Catholic Communities

You must reside in Center Line or Warren, or be a registered, active participating member of our parish for at least three months before tentatively reserving a baptismal date.

Please Print

Name of Child _____
(Please include Middle Name. If unwed mother, please provide copy of birth certificate.)

Address _____

Telephone Number _____

Envelope Number _____

Date of Birth _____

City and State of Birth _____

Baptism Requested at which Church _____

Date Requested for Baptism _____
(Baptisms are usually the second Sunday of each month. There are no baptisms during Lent.)
(Please verify the date of our next baptism with our Parish Offices.)

Father's Name _____

Religion of Father _____

Mother's Name (First, Maiden) _____

Religion of Mother _____

Were parents married? _____ By a Catholic Priest? _____

Godfather's Name _____
(Only one Godfather for child.)

Is Godfather a Confirmed and Practicing Catholic? _____

Godmother's Name _____
(Only one Godmother for child.)

Is Godmother a Confirmed and Practicing Catholic? _____

Is either Godparent represented by a Proxy? _____

If so, Name of Proxy _____

Was the child privately baptized? _____

Was the child adopted? _____
(Please provide proof of adoption.)