



Last Name: _____

Baptism Date: _____

Christ the King Baptism Request Form

GENERAL INFORMATION

Date Inquiry Received:	Baptism Date & Time:	Celebrant
Relationship to CTK <input type="checkbox"/> Parishioner <input type="checkbox"/> LSU Student <input type="checkbox"/> LSU Faculty/Staff <input type="checkbox"/> Registered Elsewhere: _____		

CHILD TO BE BAPTIZED

Name of Child: (First, Middle, Last)	
Date of Birth:	Place of Birth: (City, State)

PARENT / GUARDIAN INFORMATION

Father (First, Middle, Last)	Relationship to Child <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive <input type="checkbox"/> Other
Religion:	Church Attended:
Mother: (First, Middle, Maiden)	Relationship to Child <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive <input type="checkbox"/> Other
Religion:	Church Attended:
Current Marital Status <input type="checkbox"/> Not Married <input type="checkbox"/> Married (By Priest) <input type="checkbox"/> Married (Not By Priest) <input type="checkbox"/> Other	

PARENT / GUARDIAN CONTACT INFORMATION

Mailing Address		
City, State, Zip		
Home Phone	Cell Phone 1	Cell Phone 2
Email Address 1		Email Address 2

GODPARENT NAMES

Godfather (First, Last)	Godmother (First, Last)
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OFFICE USE ONLY

<input type="checkbox"/> Parent Seminar (or Equivalent) <input type="checkbox"/> Godparent Seminar (or Equivalent) <input type="checkbox"/> Godparent Information Sheet	<input type="checkbox"/> Certificate Made and Signed <input type="checkbox"/> Placed in Baptismal Register [Volume __ Page __ Number __] Any Permanent Documents? Y N
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