



FAITH FORMATION REGISTRATION

— BAPTISM —

Full name of child to be baptized _____
Child's Date of Birth _____ City/State of Birth _____
Date of Baptism _____

Parent/Adult Information

Parent 1 Full Name _____ Relationship to child _____
Surname at birth (if different) _____
Cell Phone _____ E-mail _____
Baptized? ☐ Yes-Year: _____ ☐ No If yes, name of church _____
First Eucharist? ☐ Yes-Year: _____ ☐ No Confirmed? ☐ Yes-Year: _____ ☐ No
Religion/Faith Tradition _____

Parent 2 Full Name _____ Relationship to child _____
Surname at birth (if different) _____
Cell Phone _____ E-mail _____
Baptized? ☐ Yes-Year: _____ ☐ No If yes, name of church _____
First Eucharist? ☐ Yes-Year: _____ ☐ No Confirmed? ☐ Yes-Year: _____ ☐ No
Religion/Faith Tradition _____

Parents, were you married in the Catholic Church? ☐ Yes ☐ No If yes, date of marriage: _____
Is your family registered in The Madeleine Parish? ☐ Yes ☐ No
Family Mailing Address _____ City _____ State _____ ZIP _____
Family Home Phone _____

Godparents Information

Godparent(s) Name(s) _____
Is at least one Godparent a practicing Catholic attending weekly Mass? ☐ Yes ☐ No
Are the Godparents registered at The Madeleine Parish? ☐ Yes ☐ No
If no, what parish? _____ City _____ State _____
Phone _____

Please list additional children on additional forms

Questions or more information

Darlene Maurer, Pastoral Assistant, 503-281-5777 x 125 or dmaurer@themadeleine.edu

A \$30 donation is requested to cover costs

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