



FAITH FORMATION REGISTRATION

— BAPTISM —

Full name of child to be baptized _____

Child's Date of Birth _____ City/State of Birth _____

Please list additional children on additional forms

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: _____ Date for Class (list on website): _____

Godparents Information

Godparent(s) Name(s) _____

Is at least one Godparent a practicing Catholic in good standing? Yes No

Godparent Email: _____ Godparent Phone _____

Are the Godparents registered at The Madeleine Parish? Yes No

If no, what parish? _____ City _____ State _____

Phone _____

Questions or more information

Lauren Craig, Sacramental Prep Coordinator, 503-281-5777 x 116, or lcraig@themadeleine.edu

A \$30 donation is requested to cover costs

OFFICE USE ONLY: Date of Baptism: _____ Birth Certificate Received: Yes No

Updated 8/23/2024