



All Saints Parish

120 Bellevue Avenue
Haverhill, MA 01832

978-372-7721 Office
978-372-2085 Fax

BAPTISM REGISTRATION

CELEBRANT: _____ DATE OF BAPTISM: _____

NAME OF CHILD: _____ DATE OF BIRTH: _____

Check One: Male Female

PLACE OF BIRTH(city): _____

FATHER'S NAME: _____ RELIGION _____

SACRAMENTS RECEIVED (CHECK ALL THAT APPLY) BAPTISM FIRST COMMUNION CONFIRMATION

MOTHER'S NAME (MAIDEN): _____ RELIGION _____

SACRAMENTS RECEIVED (CHECK ALL THAT APPLY) BAPTISM FIRST COMMUNION CONFIRMATION

MAILING ADDRESS: _____

TELEPHONE NUMBER: (HOME) _____ (CELL) _____

EMAIL ADDRESS: _____

ARE PARENTS MARRIED? (CHECK ONE) NO _____ CHURCH _____ CIVIL _____ DATE _____

GODFATHER: _____ CATHOLIC: _____ CHRISTIAN WITNESS: _____

GODMOTHER: _____ CATHOLIC: _____ CHRISTIAN WITNESS: _____

IS THIS YOUR FIRST CHILD BEING BAPTIZED? YES _____ NO _____

OTHER CHILDREN & YEAR OF BAPTISM:

DATE AND TIME OF PARENT MEETING: _____

DATE AND TIME OF BAPTISM PREP CLASS: _____

DATE OF BAPTISM: _____

PROXY: YES _____ NO _____ PROXY'S NAME: _____

Print and online outreach is one important way to evangelize and spread the word about the great things happening in our parish. Do you give permission for photos and videos of your child/family to appear in the parish bulletin/website/social media? Names will not be used.

Yes _____ No _____