

Our Mother of Mercy Catholic Church
1001 East Terrell Avenue, Fort Worth, Texas 76104-3747 * phone: (817)335-1695
email: ommftworth1@gmail.com * website:www.omomftworth.org

Baptism Registration Form

Date: _____ Are you registered with our parish: **YES NO** If no, which parish: _____

Name of Child: _____

first middle last
Male _____ Female _____

Date of Birth: _____ Place of Birth (City, State and Hospital): _____

Father's Name: _____

first middle last (suffix)
Baptized: **YES NO** where/when _____

Religion: _____ (Roman Catholic, Byzantine Catholic, Lutheran, Protestant, Methodist, etc.)

Is there any Eastern Catholic Rite affiliation in your family background? **YES NO**

If yes, who/where/when: _____

Mother's Name: _____

first middle maiden last
Baptized: **YES NO** where/when _____

Religion: _____ (Roman Catholic, Byzantine Catholic, Lutheran, Protestant, Methodist, etc.)

Is there any Eastern Catholic Rite affiliation in your family background? **YES NO**

If yes, who/where/when: _____

Were you married by a priest or deacon? **YES NO** If no, by whom: _____

Date and place of marriage: _____

Family **Address:** _____

Telephone: (father) _____ (mother) _____

E-mail: (father) _____ (mother) _____

Godfather: _____

first middle last
Is he catholic? **YES NO** If no, which Christian Religion: _____

Godmother: _____

first middle last
Is she catholic? **YES NO** If no, which Christian Religion: _____

Will either godparent need a proxy? **YES NO** If yes,
Name of Godmother Proxy: _____
Name of Godfather Proxy: _____

Was the child previously baptized? YES NO
If yes, who/where/when: _____

Was the child adopted? YES NO
If yes, who/where/when: _____ (Documentation required)

Have you previously attended a workshop at Our Mother of Mercy Parish? **YES NO** If yes, date attended: _____

DATE OF WORKSHOP PREFERRED: _____

DATE OF BAPTISM PREFERRED: _____

Friendly reminder: As soon as the parish office has received the sponsor form(s) from the godparent(s), parents will be contacted to confirm the chosen date. Until you have received that confirmation call, the baptism has not been scheduled.

Office staff initials: _____ Date called to confirm: _____ Registration ID#: _____