Our Lady of the Angels Parish
6442 Pelham Rd
Taylor, MI. 48180

BAPTISMAL REGISTRATION FORM

Name of child: _____
First Middle Last
(As appear on the Birth Certificate)

Phone #: (_____) _____

Address: _____
Number Street City State

Birth Date: _____ City of Birth: _____

Father's full name: _____

Mother's full name: _____/_____
Maiden name

Father's Religion: _____ Mother's Religion: _____

Place of Marriage: _____

(If not married in Catholic Church, was marriage convalidated) YES NO

God Parent (s) _____ Religion_____

_____ Religion_____
(Both must be baptized)

++

(To be filled in by parish staff)

Parish Registration: YES No Parish Number: _____

Date of Baptism: _____ Date of Baptism Class: _____

Attended: YES NO

Phone—313-381-3000 karen@loacc.org Fax—313-381-5528