CHRIST THE KING CHURCH – Baptism Registration

Revised 10/6/21

20 West Wakea Avenue ● Kahului, Maui, Hawaii 96732 ● Phone: 808-877-6098

Family Last Name: _____ Name of Child: _____

Family Address:_____

Father's Full Name: (as it appears on the Child's Birth Certificate)

_____ Father's Religion_____

Mother's Full Maiden Name: (as it appears on the Child's Birth Certificate)

_____Mother's Religion_____

Family Contact Number (Home)_____ Cell: _____ Work:_____

Email Address:_____

Are you married in the _____Catholic Church _____ Civilly or _____ another Christian tradition?

Other children in the family? Names: _____ Date of Birth: _____Grade:____

Names: _____Date of Birth:_____ Grade:____

Names: _____Date of Birth:_____ Grade:____

As parent(s), I/We promise to raise my/our child in the Roman Catholic Church and faith?

_____ _____

Father's Signature **Date** **Mother's Signature** **Date**

SPONSOR SECTION

Godfather's Name: _____

Current Place of Worship:_____

Religion: _____Age_____

Telephone/Cell:_____Email: _____

I was baptized at:
_____Date_____

I received my First Communion at:
_____Date_____

I was confirmed at:
_____Date_____

I was married at: _____

_____

Godfather's Signature **Date**

Godmother's Name: _____

Current Place of Worship:_____

Religion: _____Age_____

Telephone/Cell:_____Email:_____

I was baptized at:
_____Date_____

I received my First Communion at:
_____Date_____

I was confirmed at:
_____Date_____

I was married at:_____

_____

Godmother's Signature **Date**

Office Use Only

_____Date Attended Baptism Classes _____Interview Date _____Time Interview by_____

_____Date of Baptism _____Time Presider: _____ Date Donation Received: _____