

Our Lady of the Angels

6442 Pelham Rd.

Taylor, Michigan 48180

Attn: Michael Grube

(313)381-3000

Baptism Registration Form

Name of child:

First

Middle

Last

(As appear in the Birth Certificate.)

Phone #: (_____) _____

Address:

Address Number

Street

City

State

Birth Date: _____ City of Birth:

Father's full name:

Mother's full name: _____ Maiden Name:

Father Religion: _____ Mother Religion:

Place of Marriage:

(If not married in a catholic church, was the marriage convalidated.) YES NO

God Parent (S) _____ Religion:

_____ Religion:

(Both must be baptized.)

(To be filled in by parish staff only)

Parish registration: YES NO Parish Number: _____

Date of Baptism: _____

Date of Baptism Class: _____ Attended: YES NO