

**ST. CATHERINE OF SIENA CHURCH**  
Mountain Lakes, NJ

**BAPTISM ENROLLMENT SHEET**

Date of Baptism \_\_\_\_\_

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's First and Maiden Names \_\_\_\_\_ Religion \_\_\_\_\_

Church or Place Of Marriage:

Catholic \_\_\_\_\_ City \_\_\_\_\_

Non-Catholic \_\_\_\_\_ City \_\_\_\_\_

Civil \_\_\_\_\_ Not Married \_\_\_\_\_

Godfather \_\_\_\_\_

Godmother \_\_\_\_\_

Christian Witness \_\_\_\_\_ Religion \_\_\_\_\_

Is Either Godparent Represented by Proxy? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Proxy \_\_\_\_\_ Religion \_\_\_\_\_

Was Child Privately Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

Are You Registered in This Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

Are You Practicing Catholics attending Sunday Mass? Yes \_\_\_\_\_ No \_\_\_\_\_

Have You Received the Sacrament of Confirmation? Father \_\_\_\_\_ Mother \_\_\_\_\_

If You Have Other Children, Are They in our Religious Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If Not, Explain \_\_\_\_\_

Name of Presiding Priest or Deacon \_\_\_\_\_