

All Saints Catholic Church
Millingenhof 157-158
1106 KK Amsterdam

BAPTISM REGISTRATION FORM

Name of Church: _____

Address: _____

Date of Baptism: _____

Officiating Minister/Priest: _____

Child's Information

Full Name of Child: _____

Date of Birth: _____

Place of Birth: _____

Gender: ☐ Male ☐ Female

Parents' Information

Father

Full Name: _____

Date of Birth: _____

Nationality: _____

Address: _____

Telephone Number: _____

Email Address: _____

Religion/Denomination: _____

Mother

Full Name: _____

Date of Birth: _____

Nationality: _____

Address: _____

Telephone Number: _____

Email Address: _____

Religion/Denomination: _____

Godparents / Sponsors

Godparent 1

Full Name: _____

Address: _____

Telephone Number: _____

Religion/Denomination: _____

Godparent 2

Full Name: _____

Address: _____

Telephone Number: _____

Religion/Denomination: _____

Required Documents

Please attach the following documents where applicable:

☐ Parents' Confirmation Certificate (if required)

☐ Parents' Baptism Certificate (if required)

☐ Godparents' Confirmation Certificate (if required)

☐ Godparents' Baptism Certificate (if required)

Declaration

I/We hereby request that our child be baptized and declare that the information provided in this form is true and correct to the best of our knowledge.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

For Office Use Only

Application Received By: _____

Date Received: _____

Documents Verified: ☐ Yes ☐ No

Financial obligation fulfilled ☐ Yes ☐ No

Approved By: _____

Date: _____

"Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these." – Matthew 19:14