

**Infant Baptism Registration Form  
All Saints Catholic Newman Center**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
*Last First Middle*

City, State of Birth: \_\_\_\_\_ Adopted? \_\_\_\_\_

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**General Contact Information**

**Mother's name:** \_\_\_\_\_ **Maiden name:** \_\_\_\_\_

Phone: \_\_\_\_\_ (h w c) Phone: \_\_\_\_\_ (h w c)

Primary E-mail: \_\_\_\_\_

**Father's name:** \_\_\_\_\_

Phone: \_\_\_\_\_ (h w c) Phone: \_\_\_\_\_ (h w c)

Primary E-mail: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Parent's marital status: \_\_\_\_\_

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**Affiliation**

Mother Father

ASU Student/Alumna(e)/Faculty/Staff  
Catholic  
Registered and active at the Newman Center for 3 months or more  
Registered at another parish? (Specify: \_\_\_\_\_)  
Non-Catholic (Specify: \_\_\_\_\_)

Comments:

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**Godparents:**

To attend NC classes? Y N

1. \_\_\_\_\_  
*Practicing Catholic*

2. \_\_\_\_\_  
*Prac. Catholic*  *Bapt. Christian*

Initial Contact Date: _____	Will attend classes on: _____
Assigned to: _____	Godparent letter needed: _____ Sent: _____
Scheduled to meet: _____	<b>NC baptism date/Mass:</b> _____
Notification letter needed? _____	Logged/filed closed: _____
Sent: _____	