



# Cathedral Basilica of Our Lady of Peace

## BAPTISM REGISTRATION FORM

INTERVIEWED BY \_\_\_\_\_

WILL ATTEND CLASS IN \_\_\_\_\_

**Please Print Clearly!** Information provided will be recorded in the Church Register and on the child's Baptism Certificate.

FULL NAME OF CANDIDATE FOR BAPTISM: \_\_\_\_\_ M / F  
(FIRST) (MIDDLE) (LAST) (CHECK ONE)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

RELATIONSHIP TO CANDIDATE FOR BAPTISM:  Parents?  Legal Guardian?  Other \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

FAMILY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE (FATHER): (\_\_\_\_) \_\_\_\_-\_\_\_\_ DAYTIME PHONE (MOTHER): (\_\_\_\_) \_\_\_\_-\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_

*Godparents must be FULLY INITIATED and PRACTICING CATHOLICS*

GODFATHER: \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST)

GODMOTHER: \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST)

Parish: \_\_\_\_\_

Parish: \_\_\_\_\_

Proxy: \_\_\_\_\_

Proxy: \_\_\_\_\_

*If you are not a member of the Cathedral Basilica of Our Lady of Peace, you must have a letter granting you PERMISSION TO BAPTIZE outside of your parish*

Are you a registered member of the Cathedral of Our Lady of Peace?  Yes  No If No, what parish? \_\_\_\_\_

Have you attended a baptismal preparation class?  Yes  No If Yes, what parish? \_\_\_\_\_

Were parents married by a  Catholic Priest?  Judge?  Minister?  Other: \_\_\_\_\_

If Catholic Priest, please give name and parish? \_\_\_\_\_

**MAIL THIS FORM TO:** CATHEDRAL OF OUR LADY OF PEACE, 1184 BISHOP STREET, HONOLULU, HI 96813

**YOU MAY ALSO** - DROP IT OFF AT THE OFFICE **OR** DROP IN OFFERING BASKET AT MASS **OR** FAX TO (808) 585-3383

For Office Use Only:

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ President: \_\_\_\_\_