

Our Lady of the Lake Parish

22 Lakeside Avenue

Verona, NJ 07044

Tel: 973-239-5696 Email: Rectory@OLLVerona.org

BAPTISM REGISTRATION FORM

Child Name: _____
First Middle Last
DoB: _____ City of Birth: _____
Emergency Baptism? Yes No Adopted? Yes No

Address _____
Street Apartment
_____ *City State Zip*
Phone: _____ Registered at OLL? Yes No

Father Name: _____
First Middle Last
Religion: _____
Cell: _____ Email: _____

Mother Name: _____
First Middle MAIDEN
Religion: _____
Cell: _____ Email: _____

Marital Status Married? Yes No In the Catholic Church? Yes No
If Yes: _____
Parish Name City State
If No, did you receive the proper dispensation to marry outside the Church? Yes No
Date of Marriage: _____

Godfather Name: _____
First Middle Last
Religion: _____
Sponsorship certificate attached? Yes No Represented by proxy? Yes No

Godmother Name: _____
First Middle Last
Religion: _____
Sponsorship certificate attached? Yes No Represented by proxy? Yes No

Date Received: _____

Date of Baptism: _____