



St. Michael Baptism Class Parent Registration
2nd Sunday of each month at 2:00pm in the upper meeting room
Pre-Registration Required

Child's Name: _____ Child's Date of Birth (or expected delivery date): _____

Child's Father's Name: _____ Father's Religion: _____ Child's

Mother's Name: _____ Mother's Religion: _____ Mother's Maiden
Name: _____

Address: _____ City _____ Zip _____

Are you married? Yes ___ No ___ If Yes: Date of Marriage: _____

Location Name (name of church or venue) _____ City/State _____

Are you a registered member of Saint Michael? Yes ___ No ___ If No, where are you registered?

Church Name _____ Location _____

Parent Phone number: _____

Parent E-mail address _____

Class Date Requested (choose date – classes are held on the 2nd Sunday of every month at 2:00pm):

(Regarding Godparents – One MUST be a practicing Catholic and must provide a letter from their parish stating they are an active, practicing Catholic in good standing with the Church before a baptism date can be selected)

Godfather's Name _____ Religion _____

Godmother's Name _____ Religion _____

To register for class: please return this form by mail, email, by fax, or in person to our parish office no later than Wednesday of the class week. E-mail: office@saintmichael-cd.org Fax: 614-885-8060 Mail: St. Michael Catholic Church 5750 N. High St. Worthington, OH 43085 Attn: St. Michael Pre-Baptism Class Registration