

***Mater Dolorosa Catholic Church  
Kensington South  
Tel. 011 616 5024***

***P O Box 687  
Bruma, 2026  
Fax. 011 622 8914***

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**BAPTISM REGISTRATION FORM**

Child's Surname: \_\_\_\_\_

Child's First Names: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parents: \_\_\_\_\_  
Father Mother

Where Married: \_\_\_\_\_

Religion: \_\_\_\_\_  
Father Mother

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_  
Godfather Godmother

We accept responsibility for instructing our child in the practice of the faith.

\_\_\_\_\_  
Parent's signature

Priest's signature: \_\_\_\_\_

Date Baptism took place: \_\_\_\_\_

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***It is customary to make an offering to the Church on the occasion of your child's baptism.***