CHRIST THE KING CHURCH – Baptism Registration Revised 3/17/22 20 West Wakea Avenue  Kahului, Maui, Hawaii 96732  Phone: 808-877-6098				
Family Last Name:	Name of Child:		Birthdate	
Family Address:				
Father's Full Name: (as it appears o	on the Child's Birth	Certificate)		
Father's Religion				
Mother's Full Maiden Name: (as it appears on the Child's Birth Certificate)				
	Mother's Religion			
Family Contact Number (Home)		Cell: Work:		
Email Address:				
Are you married in theCath	olic Church	_ Civilly or another Christian tradition?		itian tradition?
Other children in the family? Name	es:	Date of Birth:		Grade:
Name	es:	Date of Birth:		Grade:
Name	es:	Do	ate of Birth:	Grade:
As parent(s), I/We promise	to raise my/our c	hild in the Ro	oman Catholic Chu	rch and faith?
Father's Signature	Date	Mother's S	Signature	Date
SPONSOR SECTION         Godfather's Name:				
Current Place of Worship:		Current Place of Worship:		
Religion:Age		Religion:Age		
Telephone/Cell:Email:		Telephone/Cell:Email:		
I was baptized at: Date		I was baptized at: Date		Date
I received my First Communion at: Date		I received my First Communion at: Date		
I was confirmed at: Date		I was confirmed at: Date		Date
I was married at:		I was married at:		
Godfather's Signature I hereby declare before God that I	Date	Godmother's alifications I	•	Date
baptized/initiat	ted in living the Chr		•	
Office Use Only Date Attended Baptism Classes	Interview	Date	Time Interview by_	
Date of BaptismTime	Presider:		Date Donation Re	eceived: