

English-speaking Roman-Catholic Mission

Archdiocese of Berlin

Königin-Luise-Str. 33

D-14195 Berlin

Tel: +(030) 813 20 26, Fax: +(030) 813 20 47

e-mail: alsda46@aol.com



Date:

Candidate for Baptism

Name:

male/female:

First name:

Date and place of birth:

Registry Office of birthplace:

Reg.No.:

Residence:

Residence of the parents:
(if not identical with that of the child)

Father: (Surname, First name)

Date/place of birth:

Family-status:

Faith/Denomination:

Occupation:

Mother: (Surname, First name)

Date/place of birth:

Family-status:

Maiden-name:

Faith/Denomination:

Occupation:

Church-wedding (date, place, church):

Godparents: (Surname, First name)

Faith/Denomination:

Residence:

Godparents: (Surname, First name)

Faith/Denomination:

Residence:

Date, place and church of baptism:

baptized by: