

Baptismal Registration Form

Date: _____

Name of child: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____

Requested date of baptism: _____

Father's name: _____
First Middle Last

Father's religion: _____

Mother's MAIDEN name: _____
First Middle Maiden

Mother's religion: _____

Were parents married by a Catholic priest or deacon: Yes _____ No _____

Godfather's name: _____
First Middle Initial Last

Godfather's religion: _____

Godmother's name: _____
First Middle Initial Last

Godmother's religion: _____

Will either godparent be represented by a Proxy? Yes _____ No _____

If yes, what is the name of the Proxy? _____

Was the child privately baptized? Yes ___ No ___ Was the child adopted? Yes ___ No ___

Are you a registered parishioner at St. Joseph Parish? Yes ___ No ___

If no:

... in what Catholic parish are you registered? _____

... why do wish to have your child baptized at St. Joseph Parish? _____

Have you completed the Baptismal Preparation Class? Yes ___ No ___

If yes, when and where did you take the class? _____