



**St. Joseph Catholic Church
Baptism Request**

Class Complete with _____
Baptism Complete with _____
Recorded by _____

Office Use Only: Confirmed Date, Time and Minister: _____

Full Name: _____
Of Child to be Baptized FIRST MIDDLE LAST

Date of Birth: _____ Current Age: _____

Location of Birth City: _____

State: _____

Preferred Date of Baptism: _____ Time: _____ within Mass *or*
outside of Mass

Preferred Cleric: _____

Parents Names

Father: _____
 FIRST MIDDLE LAST

Religion: _____

Mother: _____
 FIRST MIDDLE MAIDEN LAST

Religion: _____

Contact Information

Address _____

Mother | Phone: _____ Email: _____

Father | Phone: _____ Email: _____

Godparents

Please note: At least one must be a practicing Catholic who has received the Sacrament of Confirmation. The Catholic must request a letter of good standing from their home parish, if married, must have a validly recognized marriage.

Male: _____
 FIRST MIDDLE LAST

Religion: _____ Church (Name/State): _____

Female: _____
 FIRST MIDDLE LAST

Religion: _____ Church (Name/State): _____