

**St. Joseph Catholic Church
Baptism Request**

Updated: August 2016

Class Complete Baptism Complete Recorded
w/ _____ w/ _____
Confirmed Date and Time of Baptism _____

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

Date of Birth: _____ Current Age: _____

Location of Birth: _____

Preferred Date of Baptism: _____
Preferred Time: _____

within Mass outside of Mass

Parents Names:

Father: _____
 FIRST MIDDLE LAST

Religion: _____

Mother: _____
 FIRST MIDDLE MAIDEN LAST

Religion: _____

Contact Information:

Address: _____

Phone: _____ Email: _____

Phone: _____ Email: _____

Godparent

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.

Male: _____
 FIRST MIDDLE LAST

Religion: _____ Location: _____

Female: _____
 FIRST MIDDLE LAST

Religion: _____ Location: _____