BAPTISM REGISTRATION FORM

PLEASE PRINT OR WRITE CLEARLY:

DATE_____ Are you registered with parish? _____ Sec'y Initials_____

NAME OF CHILD_____
MALE _____ FEMALE _____

RESIDENCE _____

TELEPHONE NUMBER (H) _____(C)_____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

FATHER'S NAME _____ RELIGION _____
(FIRST/MIDDLE/LAST)

MOTHER'S NAME (first name and maiden name or name if different from father)

_____ RELIGION _____
(FIRST/MIDDLE/MAIDEN)

WERE YOU MARRIED BY A PRIEST OR DEACON? _____

GODFATHER: _____ IS HE CATHOLIC? _____

GODMOTHER: _____ IS SHE CATHOLIC? _____

WILL EITHER GODPARENT NEED A PROXY? _____

NAME OF PROXY/PROXIES _____

WAS THE CHILD PREVIOUSLY BAPTIZED?_____

WAS THE CHILD ADOPTED?_____

HAVE YOU PREVIOUSLY ATTENDED A WORKSHOP AT SAINT JOSEPH PARISH? DATE ATTENDED _____

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BAPTISM GUIDELINES LETTER SENT _____
(DATE)

WORKSHOP SCHEDULED _____
(DATE)

DATE OF BAPTISM _____
(DATE)

COMMENTS: