

ST. JOSEPH'S BAPTISMAL REGISTRATION FORM

Office Use Only	
Presiding Priest/Deacon: _____	Confirmed date of Baptism: _____
Entered in PDS: _____	Book Mailed: _____
Recorded in Church Registry: _____	Census Form: _____
Certificated Mailed/Hand Delivered on: _____	

Today's Date: _____

Child's Full Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street Number) _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____

Date of Birth: _____ City of Birth: _____ State: _____

Gender of Child: M/F _____

Father's Full Name: (First) _____ (Middle) _____ (Last) _____

Religion of Father: _____ Father Confirmed? Yes () No ()

Mother's Full Name: **Maiden** (Last) Name _____ (First) _____ (Middle) _____

Religion of Mother: _____ Mother Confirmed? Yes () No ()

Parents registered members of St. Joseph's: Yes () No ()

If not a member of St. Joseph's, permission is required from your Parish.

Was the child adopted? Yes () No () If so, legal documentation is needed.

Marriage Information of Parents

Marital Status of Parents (married, single, or divorced) _____ Catholic Church Marriage Yes () No ()

If yes, please provide name of Church, City & State: _____

Over

Godparent Information

Name of Male Godparent: _____ Religion: _____

Member of St. Joseph's: Yes () No ()

If no, where: _____

(A letter or certificate of verification is required from this Parish)

Is Male Godparent in a valid Catholic Marriage; i.e., married in the Catholic Church? Yes () No () If yes, where? _____

Name of Female Godparent: _____ Religion: _____

Member of St. Joseph's: Yes () No ()

If no, where: _____

(A letter or certificate of verification is required from this Parish)

Is Female Godparent in a valid Catholic Marriage; i.e., married in the Catholic Church? Yes () No () If yes, where? _____

Will either Godparent be represented by a Proxy(ies)? Yes () No ()