



BAPTISM INFORMATION AND REQUEST FORM

INSTRUCTIONS: Fill in or check all the areas that apply. If unsure about any area, leave blank. If completing this form offline (hardcopy), **please print** information.

Date:

FAMILY INFORMATION			
FATHER INFORMATION			
Father's Full Name:	Main Contact Number:	Religion:	<input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> Holy Eucharist <small>Sacraments: check all received.</small>
_____ () - _____	_____	_____	_____
Attended baptism class?	If YES, list year:	If YES, give parish name, city and state:	If YES, what was your role?
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Parent <input type="checkbox"/> Godparent
MOTHER INFORMATION			
Mother's Full Name:	Main Contact Number:	Religion:	<input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> Holy Eucharist <small>Sacraments: check all received.</small>
_____ () - _____	_____	_____	_____
Attended baptism class?	If YES, list year:	If YES, give parish name, city and state:	If YES, you attended as a:
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Parent <input type="checkbox"/> Godparent
PARENT INFORMATION			
Home Address:	City & State:	Zip:	Home Phone Number
_____	_____	_____	() - _____
Married?	If YES, married by priest or deacon?	If not married, single or divorced?	If divorced, who has custody of child(ren)? Give name(s):
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	_____
Registered member(s) of St. Joseph's parish?	If NO, list parish where registered:	City & State:	If not registered at any parish, check here.
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
FAMILY INFORMATION			
Other children in the family?	If YES, have they received sacraments appropriate for their ages?	If NO, do you need assistance in preparing the children to receive their sacraments?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
If other children, are they school age?	If YES, do they go to Catholic school?	If NO, do they attend a Catholic Education Program?	If YES, list the program the child(ren) attend:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

FAMILY INFORMATION
 (Continued)

CHILD TO BE BAPTIZED INFORMATION

Child's full name: _____ Date of Birth: _____ City & State of Birth: _____ Saint/religious name for baptism: _____

NOTE: If there is more than two children for baptism, copy this page, enter their name(s) and attach it.

GODPARENT INFORMATION

GODFATHER INFORMATION

(REQUIREMENT FOR GODPARENTS: MUST BE CATHOLIC, AT LEAST 16 YEARS OF AGE AND HAVE RECEIVED ALL SACRAMENTS OF INITIATION)

Name: _____ Age: _____ Religion: _____ **Sacraments of Initiation**
 Year Baptized: _____ Year Confirmed: _____ Year 1st Communion: _____

Registered member(s) of St. Joseph's parish? Yes No If **NO**, list parish where registered: _____
 Attended baptism class? Yes No If **YES**, list parish where attended and when: _____ Month & Year: _____

GODMOTHER INFORMATION

(REQUIREMENT FOR GODPARENTS: MUST BE CATHOLIC, AT LEAST 16 YEARS OF AGE AND HAVE RECEIVED ALL SACRAMENTS OF INITIATION)

Name: _____ Age: _____ Religion: _____ **Sacraments of Initiation**
 Year Baptized: _____ Year Confirmed: _____ Year 1st Communion: _____

Registered member of St. Joseph parish? Yes No If **NO**, list parish where registered: _____
 Attended baptism class? Yes No If **YES**, list parish where attended and when: _____ Month & Year: _____

BAPTISM INFORMATION

Date requested: _____ Minister requested for baptism: _____ Special requests or other considerations: _____

Stole Fee to St. Joseph Church - \$50.00

FOR CHURCH USE ONLY

Date of Baptism Class: _____ Who attended baptism class? Father Mother Godfather Godmother Date Baptism Scheduled: _____ Comments: _____

Date of Baptism: _____ Celebrant Name (PLEASE PRINT): _____ Celebrant Signature: _____

IF COMPLETING FORM IN PAPER FORMAT, RETURN IT TO ST. JOSEPH CATHOLIC CHURCH, ATTN: DEACON DON CRAIGHEAD