BAPTISMAL PREPARATION RECORD

**\*\* Please print clearly \*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Today’s Date: | | | | | Baptism date desired: | |
| Place of baptism, if other than St. Joseph’s: | | | | | | |
| **CHILD’S INFORMATION** | | | | | | |
| Child’s Full Name: | | | | Child’s Due Date or Birth Date: | | |
| Place of Birth: | | |
| **PARENT INFORMATION** | | | | | | |
| Full Names of Parents (please include maiden name if applicable) | | | | | | |
| Father : | | | | | | Mother: |
| **CONTACT INFORMATION** | | | | | | |
| Street Address : | | | | | | Contact Phone: |
| City: | State & Zip: | | | | | **Registered Parishioner? Yes \_\_\_\_ No \_\_\_** |
| Email: | | | | | | If no, would you like to register? Yes \_\_\_ No \_\_\_ |
| **FAITH INFORMATION** | | | | | | |
| Religion of Father: | | | Religion of Mother: | | | |
| **MARITAL INFORMATION** | | | | | | |
| Marital Status: | | | | | | |
| Date, place, and Church of Marriage: | | | | | | |
| If not married in the Catholic Church, would you like to get your marriage blessed in the Church? | | | | | | |
| Date of Baptism Class or reason for exemption : | | | | | | |
| **SIBLINGS of Child to be Baptized** | | | | | | |
| Name(s) & Age(s): | | | | | | |
| **GODPARENT INFORMATION** | | | | | | |
| Godfather’s Name: | | Catholic? Yes \_\_\_ No \_\_\_\_  If not Catholic, please list Church Affiliation | | | | |
| Godmother’s Name: | | Catholic? Yes \_\_\_ No \_\_\_\_  If not Catholic, please list Church Affiliation | | | | |
| **After baptism class is taken and required paperwork/forms are completed and turned in to *only then* will the child’s baptism date be confirmed.** | | | | | | |
| **Office use only:**  **Copy of Birth Certificate \_\_\_ # of Pews \_\_\_**  **Parent & Godparent Form \_\_\_ \_\_\_ # of people to carry forward offertory \_\_\_** | | | | | | |