BAPTISMAL PREPARATION RECORD

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

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| --- | --- |
| 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 \_\_\_** |