

ST. JOSEPH ~ ST. RAPHAEL PARISH

Baptism Registration

(PLEASE PRINT CLEARLY)

Family Name:	Parish you are registered in?
Address:	Phone Number:
City/State/Zip:	

Name of Child

(First)	(Middle)	(Last)	(Gender)
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Date of Birth: Place of Birth:

(Month)	(Day)	(Year)	(City/State)
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Father's Name

(First)	(Middle)	(Last)
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Father's Religion: Has Father Received? Church of Baptism

Eucharist: Yes No Confirmation: Yes No

Mother's Name

(First)	(Middle)	(Maiden Name)
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Mother's Religion: Has Mother Received? Church of Baptism

Eucharist: Yes No Confirmation: Yes No

Godfather's Name

(First)	(Middle)	(Last)
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Godfather's Religion: Has Godfather Received? Date & Place of Baptism

Eucharist: Yes No Confirmation: Yes No

Godmother's Name

(First)	(Middle)	(Last)
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Godmother's Religion: Has Godmother Received? Date & Place of Baptism

Eucharist: Yes No Confirmation: Yes No

Comments:

Requested Baptism Date: (Check one) at St. Joseph St. Raphael At time _____

BAPTISMAL PREPARTION DONE AT _____ ON (date) _____

OFFICE USE: DATE OF BAPTISM _____

Certificate Baptismal Register Registration Card Data Base Bulletin

Celebrant: