

St. Joseph the Worker Parish
BAPTISMAL REGISTRATION

Name of Child _____ Sex: _____
(First) (Middle) (Last)

Date of Birth _____ Place _____

DATE OF BAPTISM _____ **Date of Family Registration** _____

Father _____ Religion _____
(First) (Middle) (Last)

Mother _____ Religion _____
(First) (Middle) (Maiden)

Address _____

Phone _____ Email _____

Date of Marriage _____ Valid _____ Invalid _____

Location of Marriage _____

City, State _____

(If unmarried) Does the father accept paternity? _____ Was the child already baptized (emergency situation)? _____

Godfather _____

Religion _____ Parish/City _____

Godmother _____

Religion _____ Parish/City _____

Will attend Baptismal Workshop in the month of _____

Reason(s) for being excused from workshop _____

Permission to announce baptism in bulletin? _____

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Office Use Only

Registration taken by _____ Date _____

Workshop Letter sent for the month of _____ Date _____

Workshop attended? _____ If not, why? _____

Certification Obtained for: Godfather _____ Godmother _____

Class conducted by _____ Date _____

Minister of Sacrament _____ Date _____

Baptismal Register: Page and Entry # _____ Certificate sent to family? _____