

**ST. JOSEPH ~ ST. RAPHAEL PARISH**

**Baptism Registration**

**(PLEASE PRINT CLEARLY)**

Family Name:	Parish you are registered in?
Address:	Phone Number:
City/State/Zip:	Where was the Church/Place of your marriage?

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: