

BAPTISM REGISTRATION

(All forms must be returned to the office and reviewed by staff before baptism can be scheduled.)

Office: 337-334-2193 / Fax: 337-334-2199 / stjoseph1872@diolaf.org

OFFICE USE ONLY

Index _____ Census _____ Computer _____

Baptism Book: _____ Page _____ No _____

Book Index: _____

Baptismal Date: _____ Time: _____

Name of Priest/Deacon _____

Full Name of Child _____ M ___ F ___

Address _____

(City)

(State)

Place of Birth _____ Date of Birth _____

Certificate of Live Birth # of person to be baptized _____

PROPOSED SPONSOR (GODPARENT) INFORMATION:

Please note that the persons you propose below will need approval from the Pastor. Therefore, please ensure that each person meets the requirements listed on the "Godparent Certificate of Eligibility" and possesses the requisite moral qualities therein.

Proposed Godfather's Name: _____

Proposed Godmother's Name: _____

For each proposed godparent, this form must be accompanied by a:

- 1) "Godparent Certificate of Eligibility" form**
- 2) Copy of sacramental record (showing all sacraments received) issued from the Parish of Baptism**

PARENT INFORMATION:

Father's Full Name _____ (Religion) _____

Mother's Maiden Name _____ (Religion) _____

Contact Information: Father #: _____ E-mail _____

Mother #: _____ E-mail _____

Are the parents married? --- **Yes or No** If Yes: Have parents received the Sacrament of Marriage in the presence of a Catholic Priest/Deacon? --- **Yes or No**

If you have not received the Sacrament of Marriage, are you interested in learning about the Catholic marriage process of having your civil marriage convalidated (blessed)? --- **Yes or No**

Please contact parish office for available dates – normally the 1st & 2nd Saturday after 4pm Mass and the 1st & 3rd Sunday after 10am Mass unless a prior event is scheduled.

Office use only: Baptism Class attendance: Mother _____ Father _____