

# 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:**

Office use only: Baptism Class attendance: Mother \_\_\_\_\_ Father \_\_\_\_\_