

**ST. JOSEPH PARISH
REGISTRATION FOR THE SACRAMENT OF BAPTISM**

Note: You must hand in this form completed at least 4 weeks prior to your Requested Baptism date.
The Parish Office will contact you to confirm the date of Baptism one week after the form is received.

Please print clearly

Child's Full Name: _____
First Name - Middle name, if any Last Name(s)

Date of Birth: DD/MM/YYYY **City of Birth:** _____ **Country of Birth:** _____

Father's Full Name: _____
First Name Middle Name Last Name(s) Religion / Rite*

Mother's Full Name: _____
First Name Maiden Name Last Name(s) Religion / Rite*

**Please indicate if you are a member of an Eastern Rite of the Catholic Church. (e.g., Ukrainian Catholic, Maronite, etc.)*

Address

Street _____ City _____ Postal Code _____
Province _____ Country _____ Tel. _____
email _____

Were you married in the Catholic Church Yes No Justice of peace / civil law

Name of the Church you were married in _____ City: _____

What Parish do you belong to,
based on where you live? _____ City: _____

Are you registered in that Parish? Yes No

Baptism to be celebrated at St. Joseph St. Patrick

GODPARENTS

Note: A child to be baptized needs at least one Godparent. Before choosing Godparents, we ask you to keep in mind the following guidelines: Godparent(s) must be **Catholic** who have been **fully initiated (Baptism, Eucharist and Confirmation)**. Must be **practicing Catholic attending Church** regularly and living a good moral life. A non-Catholic cannot be a godparent, but may be a Christian witness, as long as he/she is baptized and a practicing Christian.

Godfather

First Name Middle Name Last Name(s) Religion / Rite*
Church he/she attends _____ City: _____

Godmother

First Name Middle Name Last Name(s) Religion / Rite*
Church he/she attends _____ City: _____

BAPTISM PREP CLASS

Have you attended Baptism Prep class previously? Yes No Date DD/MM/YYYY

FOR OFFICE / MINISTER USE ONLY

Date Preparation Course has been taken: DD/MM/YYYY Catechist _____
Celebrant: Rev. _____ Date of Baptism DD/MM/YYYY
Comments: _____ Date form received DD/MM/YYYY
Register: _____