



SAINT JOSEPH
CATHOLIC CHURCH

Baptismal Record Information

Please write legibly

Child's Name: _____ Male Female
As it will appear on the Baptismal Certificate

Child's Birth Date: _____ City/State of Birth: _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____
First, Maiden, Last

Parent's Email: _____

Street Address: _____

City/State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Church of Marriage: _____ City/State: _____

Parents' Marriage Recognized by the Catholic Church: Yes No

Parents' Current Parish: _____ Date Registered: _____
Church Name City/State

Godparent: _____
Full Name Religion/Church City/State

Godparent/Cristian Witness: _____
Full Name Religion/Church City/State

***A Christian Witness is a non-catholic who was baptized in the name of the Father, The Son, and The Holy Spirit. No documentation is required for a Christian Witness.**