

## Registration for Infant Baptism

OFFICE USE ONLY:
Baptism Date: / /
Time: 2:30 PM
Initials: \_\_\_\_\_

Childs Name:		
Father's Name:		Phone Number
Mother's Name:		Phone Number
Home Address:		
Street Address	City	State Zip Code
Godfather's Name		Godmother's Name
Are you a registered member of this Parish?	Yes No	
If yes, what is your member ID number?		_
If not, what Parish are you registered in?		····
		which you will receive a class certificate that is valid up to on e one issued to you will be the only existing version. Saint
Joseph Church is not responsible for keeping this	s record in case it gets	s lost /destroyed. If for any reason you need to change the tact the parish office to check availability to reschedule the
Parent/Guardian Signa	ature	 Date
	OFFICE USE O	NLY
Scheduled Class Date:/Time: 7:4		
Scheduled Date of Baptism:/Time	e: 2:30 PM	
Language: <u>Spanish</u> <u>English</u>		
Celebrant:		
	PAID BY: 🗆 C	HECK □ CREDIT CARD □CASH RECEIVED BY: