

St. Joseph Catholic Church
2214 Manhattan, Erie MI 48133
734-848-6125

Baptism Registration Form

Date of Baptism: *to be approved by Father Mark*

Name of Child _____

Date of Birth _____ Place of Birth _____

Home Address _____

Telephone Number(s) _____

Father's Name _____

Religion of Father _____

Mother's Name and Maiden Name _____

Religion of Mother _____

Were Parents Married by a Catholic Priest? _____

Do you attend Mass every Sunday (or Saturday vigil) and holy day of obligations? _____

Godfather _____

Is Godfather a Catholic? _____

Godmother _____

Is Godmother a Catholic? _____

Is either Godparent represented by Proxy? _____

Name of Proxy _____

Was the child privately baptized? _____

Was the child adopted? _____

For an infant to be baptized there must be a founded hope that the infant will be brought up in the Catholic religion. Concretely explain how you plan to train your child in the practice of the Faith:

Name of Priest _____