

**Saint Joseph Catholic Church**  
**410 East Simpson Street, Mechanicsburg, PA 17055-6307**  
**717-766-9433; email: officemanager@stjosephmech.org**

**Baptism Registration Form**

**Date:** \_\_\_\_\_ Are you registered with our parish: **YES NO** If no, which parish: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

first middle last  
Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City, State and Hospital): \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

first middle last (suffix)  
Baptized: **YES NO** where/when \_\_\_\_\_

Religion: \_\_\_\_\_ (Roman Catholic, Byzantine Catholic, Lutheran, Protestant, Methodist, etc.)

Is there any Eastern Catholic Rite affiliation in your family background? **YES NO**

**If yes, who/where/when:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

first middle maiden last  
Baptized: **YES NO** where/when \_\_\_\_\_

Religion: \_\_\_\_\_ (Roman Catholic, Byzantine Catholic, Lutheran, Protestant, Methodist, etc.)

Is there any Eastern Catholic Rite affiliation in your family background? **YES NO**

**If yes, who/where/when:** \_\_\_\_\_

Were you married by a priest or deacon? **YES NO** If no, by whom: \_\_\_\_\_

Date and place of marriage: \_\_\_\_\_

Family **Address:** \_\_\_\_\_

**Telephone:** (father) \_\_\_\_\_ (mother) \_\_\_\_\_

**E-mail:** (father) \_\_\_\_\_ (mother) \_\_\_\_\_

**Godfather:** \_\_\_\_\_

first middle last  
Is he catholic? **YES NO** If no, which Christian Religion: \_\_\_\_\_

**Godmother:** \_\_\_\_\_

first middle last  
Is she catholic? **YES NO** If no, which Christian Religion: \_\_\_\_\_

Will either godparent need a proxy? **YES NO** If yes,  
Name of Godmother Proxy: \_\_\_\_\_  
Name of Godfather Proxy: \_\_\_\_\_

**Was the child previously baptized? YES NO**  
If yes, who/where/when: \_\_\_\_\_

**Was the child adopted? YES NO**  
If yes, who/where/when: \_\_\_\_\_ (Documentation required)

Have you previously attended a workshop at Saint Joseph Parish? **YES NO** If yes, date attended: \_\_\_\_\_

**DATE OF WORKSHOP PREFERRED:** \_\_\_\_\_

**DATE OF BAPTISM PREFERRED:** \_\_\_\_\_

**Friendly reminder: As soon as the parish office has received the sponsor form(s) from the godparent(s), parents will be contacted to confirm the chosen date. Until you have received that confirmation call, the baptism has not been scheduled.**

Office staff initials: \_\_\_\_\_ Date called to confirm: \_\_\_\_\_ Registration ID#: \_\_\_\_\_