

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 this form, a copy of the birth certificate and 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#: _____