**St. Joseph – Honey Creek Catholic Church**

**BAPTISMAL REGISTRATION FORM**

**CHILD’S FULL LEGAL NAME**: Date of Birth: / /

Place of Birth:

 City State

Date of Baptism**:**

Place and Time**:**

**PARENTS**

Father:

 First Name Last Name

Mother:

 First Name Last Name (Maiden)

Registered Parishioner/Live in the Area: Yes or No If not, Home Parish:

Married by the Church: Yes\_\_\_ or No \_\_\_

**ADDRESS**

Street:

City: State: Zip:

Home Phone: ( ) Cell Phone: ( )

Email Address:

**GODPARENT(S)**

God Father:

 First Name Last Name

 Baptized First Communion Confirmed Married in Church: Yes or No

God Mother:

 First Name Last Name

 Baptized First Communion Confirmed Married in Church : Yes or No

Class Date: Baptism Date: Time:

English \_\_\_\_\_ Spanish \_\_\_\_\_

**------------------------------------------------------------------- *For Office Use Only* -----------------------------------------------------------------**

Receipt No.:

Amount Paid:

Form of Payment:

Baptized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recorded on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vol. # \_\_\_\_\_\_\_\_\_\_ Page # \_\_\_\_\_\_\_\_\_\_ Entry # \_\_\_\_\_\_\_\_\_\_

Notification mailed to Arch SA on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_