

Today's Date: \_\_\_\_\_

P.O. Box 129  
Easton, KS  
913-547-3300

## St. Joseph – St. Lawrence Parish Sacrament of Baptism Registration Form

Please print clearly. Information provided will be recorded in the Church Register and on the child's Baptismal Certificate. No nicknames, please.

Child's Full Name: \_\_\_\_\_

Gender:  Male  Female Child's age at time of Baptism: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_  
First Middle Last

Religion: \_\_\_\_\_

Confirmed:  Yes  No

Mother's Full Name: \_\_\_\_\_  
First Middle Last (Maiden)

Religion: \_\_\_\_\_

Confirmed:  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone (Father): \_\_\_\_\_

Daytime Phone (Mother): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Marital Status:

Married **If married, is yours a Sacramental Marriage? (i.e., recognized by the Catholic Church)**  Yes  No  
 Not Married  Divorced  Widowed  Single Parent

*You must have at least one practicing Catholic as a godparent.*

Godfather: \_\_\_\_\_ Godmother: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Christian Witness/Proxy: \_\_\_\_\_ Christian Witness/Proxy: \_\_\_\_\_

(if applicable)

(if applicable)

Are you a registered member of St. Joseph-St. Lawrence?  Yes  No *If no, you must have a letter granting permission to baptize from your parish.*

If no, what parish?

\_\_\_\_\_  
(Name / City / State)

Have you attended a baptismal preparation class?  Yes  No *If no, please see Father or Deacon for the next available class at St. Joseph-St. Lawrence.*

If you have attended a baptismal preparation class, what parish and when (approximately)?

\_\_\_\_\_  
(Name / City / State)

Is this child adopted?  Yes  No **If yes, where?** \_\_\_\_\_

Was this child privately baptized in an emergency situation?  Yes  No

When would you like to baptize this child? (Select the date and provide two alternated dates.)

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

3rd: \_\_\_\_\_

### Office Use Only

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Priest/Deacon: \_\_\_\_\_ Approved: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Notified by  phone  e-mail  snail mail

Recorded: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_