

# BAPTISM REGISTRATION FORM

St. Joseph-St. Lawrence Parish  
PO Box 129 • 211 W. Riley  
Easton, Kansas 66020  
(913) 773-5712  
SJS�Parish@gmail.com

PLEASE PRINT

Date of Baptism:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Church of Baptism:

\_\_\_\_\_

Child's Full Name:

\_\_\_\_\_

Gender:  Male  Female

Date of Birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place (City) of Birth:

\_\_\_\_\_

Father's Full Name:

\_\_\_\_\_

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

Mother's Full Name:

\_\_\_\_\_

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

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

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

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

Primary Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Is Your Marriage a Sacramental Marriage? \_\_\_\_\_

Was your child privately baptized in an emergency situation? \_\_\_\_\_

## GODPARENTS

*You must have at least one practicing Catholic as a Godparent*

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

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

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

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

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

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