

St. Joseph Catholic Church
745 Ezzard Charles Dr.
Cincinnati, Ohio 45203
(513)381-4526 fax: (513) 381-5244

BAPTISMAL REGISTRATION

Today's Date: _____

CHILD

Name of Child: _____

Date of Birth: _____

City and State of Birth: _____

Date of Baptism: _____

FATHER

Father's Full Name: _____

Father's Address: _____ Phone: _____

Email Address: _____

MOTHER

Mother's Full Name: (include maiden name): _____

Mother's Address: _____ Phone: _____

Email Address: _____

GUARDIAN INFORMATION (if different from mother and father)

Guardian Name: _____

Guardian Address: _____ Phone: _____

Email Address: _____

Main Contact email address: _____

GODMOTHER/GODGFATHER:

Godmother's Full Name: _____

Godmother's Address: _____ Phone: _____

Catholic: (Yes/No): _____ Proxy: _____

Godfather's Full Name: _____

Godfather's Address: _____ Phone: _____

Catholic: Yes/No: _____ Proxy Name : _____

PRIEST

Name of Priest: _____ Parish: _____

City/State Zip: _____

Office Use: Date of Baptism: _____ Certificate Mailed: _____