

St. Joseph Catholic Church

Baptismal Information Form

Please print, complete in detail, and return the form to the Parish Office
1907 Carolina ● Baytown, Texas 77520 ● Phone: (281) 420-3588 ● Fax: (281) 422-3044
email: secretary@stjosephbaytown.org ● website: www.stjosephbaytown.org

Child		
Child's Name (first, middle, last):		
Date of Birth:	Place of Birth:	
Baptized in hospital: Yes No	Date of Baptism:	Adopted: Yes No
Parents		
Father's Name (first, middle, last):		
Title (check one): Mr. Dr.	Religion:	Home phone:
Marital Status (check one): Married Single Divorced Widowed Separated	Married in the Catholic Church (check one): Yes No	
Mother's Name (first, middle, last):		
Title (check one): Mrs. Ms. Miss Dr.	Religion:	Home phone:
Marital Status (check one): Married Single Divorced Widowed Separated	Married in the Church (check one): Yes No	Maiden Name (if applicable):
Home Address (where certificate will be mailed):		
Godparents		
Godfather's Name (first, middle, last):		
Title (check one): Mr. Dr.	Religion:	
Godmother's Name (first, middle, last):		
Title (check one): Mrs. Ms. Miss Dr.		Religion:
Proxy for Godparents:		
OFFICE USE ONLY		
Recorded in Baptismal Record:	Comments:	
Mailed Baptismal Certificate:		
Priest/Deacon:		
Date of Baptismal Class:		

Note: Please bring your child's birth certificate to the Baptismal class.