



Date of Baptism: \_\_\_\_\_

# BAPTISMAL INFORMATION

104 W. Broadway • Maumee, OH 43537 • 419-893-4848

*Please Print Legibly*

Name of Person to be Baptized: \_\_\_\_\_ boy/girl  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year \_\_\_\_\_ Location/City/State \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last/First/Middle \_\_\_\_\_ Father's Religion:  Catholic  Non-Catholic

Mother's Name: \_\_\_\_\_  
Last/First/Middle /Maiden \_\_\_\_\_ Mother's Religion:  Catholic  Non-Catholic

Home Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home/Cell \_\_\_\_\_

Male Baptismal Sponsor: \_\_\_\_\_  Catholic  Non-Catholic

Female Baptismal Sponsor: \_\_\_\_\_  Catholic  Non-Catholic

## PLEASE COMPLETE

- Has this child ever been baptized in any religion:  Yes  No If yes, where \_\_\_\_\_
- I am / We are:  Single  Married If Married: Church: \_\_\_\_\_ Date: \_\_\_\_\_
- Has either spouse been married before?  Yes  No
- If previously married, was previous marriage(s) annulled by the Catholic Church.  Yes  No

## Please Complete if Not a Member of Saint Joseph Catholic Church

Name of Catholic Church you are a member of \_\_\_\_\_

Address \_\_\_\_\_

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## For Parish Use:

<input type="checkbox"/> Schedule baptism on parish calendar	<input type="checkbox"/> Parents attended baptism class	<input type="checkbox"/> Copy to School Office
<input type="checkbox"/> Sponsor paperwork to parish office	<input type="checkbox"/> Input in baptismal book	
<input type="checkbox"/> Input in database	<input type="checkbox"/> Certificate	

Notes \_\_\_\_\_

Celebrant: \_\_\_\_\_ Date: \_\_\_\_\_