INFANT BAPTISM REGISTRATION

Today's Date: _____

CHILD INFORMATION:

Full Name of Child: _____

☐**M** ☐**F** **Date of Birth:** _____ **City/State of Birth:** _____

Names and Ages of Sibling(s): _____

_____

PARENT INFORMATION:

Full Name of Father: _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **E-mail:** _____

Father's Religion: _____

Father's Mass Attendance: **Frequently** **Occasionally** **Seldom** **Never**

(Maiden)Full Name of Mother: _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **E-mail:** _____

Mother's Religion: _____

Mother's Mass Attendance: **Frequently** **Occasionally** **Seldom** **Never**

Marital Status of Parents: _____

Date of Marriage: _____ **Place of Marriage:** _____

Registered Parishioner(s) at the Basilica of St. Josaphat? ☐**YES** ☐**NO**

GODPARENT INFORMATION:

Please see "Guidelines for the Celebration of the Sacrament of Baptism" for Godparent requirements.

Full Name of Godparent: _____

Godparent's Parish: _____

Godparent is: ☐ **Baptized** ☐ **Confirmed** ☐ **17 Years Old** ☐ **Practicing Catholic**

Full Name of Godparent/Christian Witness: _____

Godparent's or Christian Witness' Parish/Church: _____

OTHER QUESTIONS:

Was Child's Baptism Done in a Hospital or Other Church? ☐ **YES** ☐ **NO**

If yes, by Whom? _____ **Date:** _____

Are there any other children in need of Sacramental Preparation? ☐ **YES** ☐ **NO**

If yes, please list their names, ages, and Sacrament(s) needed:

_____

_____

Would you like to speak to a priest about any family/personal situations?
☐ **YES** ☐ **NO**

How would you describe your, and if applicable, your spouse's lived relationship with God so far in your life?

_____

_____

_____

BAPTISM PREPARATION SESSION REGISTRATION:

Please select your session date:

☐ **August 11th, 2015** ☐ **November 10th, 2015** ☐ **February 9th, 2016**

☐ **April 12th, 2016** ☐ **I need to schedule a private review session.**

OFFICE USE ONLY:

Baptism Fee Received: _____ Godparent Cert. Received: _____

Date of Baptism Session: _____ Certified By: _____

Date of Baptism: _____ Celebrant: _____

Please mail Registration Form and Fee to:

The Basilica of St. Josaphat
Attn: Samantha El-Azem
2333 South Sixth Street
Milwaukee, WI 53215
tel: 414-645-5623 fax: 414-645-2216