



the **BASILICA**
of Saint Josaphat

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