St. Joseph Catholic Parish
910 Wilson Avenue
Menomonie, WI 54751

REQUEST FOR BAPTISM

To ensure that information is entered correctly in the parish records, please provide the following information (**PLEASE PRINT CLEARLY**).

Requested Date of Baptism (MM/DD/YYYY):_____

Mass/Time (Choose 1): Saturday 4:00 PM ☐ Sunday 8:30 AM ☐ Sunday 10:15 AM ☐

Name of Child: _____
First Middle Last

Date of Birth (MM/DD/YYYY): _____ **Girl** _____ **Boy** _____

Place of Birth _____
(as it appears on the Birth Certificate): City, State, Country (if not US)

Father's Name: _____
First Middle Last

Mother's Name: _____ **Maiden Name:** _____
First Middle Last Maiden

Address: _____

_____

Telephone Number: _____ **Email:** _____

Father's Religion: _____ **Mother's Religion:** _____

Have the Parents taken a baptism class? (Please note the date and Church): _____

_____

Godfather's Name: _____ **Is the Godfather Catholic? Yes** ☐ **No** ☐
First Last

Godmother's Name: _____ **Is the Godmother Catholic? Yes** ☐ **No** ☐
First Last

**********FOR OFFICE USE ONLY**********

Name of Priest: _____

	Date		Initials
Baptism Certificate Created:	_____	**By:**	_____
Envelope Sticker Created:	_____	**By:**	_____
Baptism Sacrament Book Updated:	_____	**By:**	_____
Electronic Records Updated:	_____	**By:**	_____

Additional Comments/Notes: