

Baptismal Information Form - Church of St. Joseph, Waconia MN

Baptism Date _____ Time _____	<small>For Office Use Only:</small> Celebrant _____ Signature _____
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Person to Be Baptized

First Name _____ **Middle** _____ **Last** _____

City of Birth _____ **State** _____

Date of Birth _____ [] Male [] Female

Parents

Father's Name _____ **Religion** _____

Mother's Name _____ **Religion** _____

Mother's Maiden Name _____

Telephone _____ Email _____

Address _____

Registered Members? [] Yes [] No If no, explain: _____

Date attended Class _____

Sponsors

Sponsor's Name _____ **Religion** _____

Sponsor's Name _____ **Religion** _____

Proxy (if any) who will be present for Baptism _____

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