

DATE OF BAPTISM \_\_\_\_\_ TIME \_\_\_\_\_

St. Joseph Church  
6180 E. Willow St.  
Long Beach, CA 90815-2295  
(562) 594-4657

**BAPTISMAL REGISTER**

NAME OF PERSON TO BE BAPTIZED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_

IS FAMILY REGISTERED? \_\_\_\_\_ ENVELOPE# \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

RELIGION \_\_\_\_\_ IF CATHOLIC, A PRACTICE CATHOLIC? \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

RELIGION \_\_\_\_\_ IF CATHOLIC, A PRACTICE CATHOLIC? \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

WHERE WERE THE PARENTS MARRIED? (GIVE CHURCH & CITY)

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GODFATHER \_\_\_\_\_ RELIGION \_\_\_\_\_

GODMOTHER \_\_\_\_\_ RELIGION \_\_\_\_\_

PROXY GODFATHER \_\_\_\_\_

PROXY GODMOTHER \_\_\_\_\_

WAS CHILD ADOPTED \_\_\_\_\_ CHILD PREVIOUSLY BAPTIZED? \_\_\_\_\_

BAPTISMAL INSTRUCTION ATTENDED? \_\_\_\_\_ DATE \_\_\_\_\_

BY REV. \_\_\_\_\_