



St. Joseph Parish

910 Wilson Avenue † Menomonie, WI 54751 † 715-232-4922 † www.menomonicatholic.org

REQUEST FOR BAPTISM

Name of Child: _____

Date of Birth: _____ Girl _____ Boy _____

Place of Birth (as it appears on the Birth Certificate): _____

Requested Date of Baptism: _____ Mass Time: _____

Father's Name: _____

Mother's Name: _____ Maiden name: _____

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 ___

Godmother's Name: _____ Is the Godmother Catholic? Yes ___ No ___

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

Date of Baptism: _____ **Name of Priest:** _____

Recorded in Sacrament Book: Date: _____ **Initials:** _____

Additional Comments: _____