

St. Joseph Parish, Maysville  
1703 Dublin St.  
Mobile, AL 36605  
[www.stjosephmaysville.org](http://www.stjosephmaysville.org)  
(251) 473-3761



Baptism Form

Today's Date: \_\_\_\_\_  
Baptism Date Requested: \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City & State of Birth \_\_\_\_\_  
**(A copy of child's birth certificate must accompany Registration Form)**

Gender of Child: M/F \_\_\_\_\_  
Father's Full Name: \_\_\_\_\_  
Religion of Father: \_\_\_\_\_ Father Confirmed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Mother's Full Name: **Maiden Name** \_\_\_\_\_  
Religion of Mother: \_\_\_\_\_ Mother Confirmed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Email address: \_\_\_\_\_  
Are you (Parents) registered members of St. Joseph? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If you are not a member of St. Joseph, permission is required from your Parish.**  
Was the child adopted? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, legal documentation is needed.

**Marriage Information of Parents**

**Marital Status of Parents** (married, single or divorced) \_\_\_\_\_  
**Catholic Church Marriage:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, please provide name of Church, City and State:** \_\_\_\_\_

**GODPARENT'S INFORMATION:**

Name of Godparent: \_\_\_\_\_  
Member of St. Joseph: Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, where? \_\_\_\_\_  
Name of Godparent: \_\_\_\_\_  
Member of St. Joseph: Yes \_\_\_\_\_ No \_\_\_\_\_  
Will either Godparent be represented by a Proxy(ies)? Yes \_\_\_\_\_ No \_\_\_\_\_

**BAPTISM CLASS PREPARATION:**

Have Parents attended a baptismal preparation class? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where and when? \_\_\_\_\_  
Have Godparents attended a baptismal preparation class? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where and when? \_\_\_\_\_

By signing below, I certify that all information provided on this form, is true and correct; and I hereby give permission for the baptism of the above named child in the Catholic Church.

\_\_\_\_\_  
Signature of parent(s) Date

\_\_\_\_\_  
Signature of parent(s) Date