



# ST. JOSEPH CATHOLIC CHURCH

## BAPTISM REGISTRATION FORM

\_\_\_\_\_  
Telephone/Telefono

\_\_\_\_\_  
Today's date/Fecha

\_\_\_\_\_  
Name of child/Nombre del Nino

\_\_\_\_\_  
Birth date/Fecha de nacimiento

\_\_\_\_\_  
Place of birth/Lugar de nacimiento

\_\_\_\_\_  
Mailing Address/Direccion

\_\_\_\_\_  
Father's name/Nombre del Padre

\_\_\_\_\_  
Mother's maiden name/  
Nombre de la Madre y apellido de soltera

\_\_\_\_\_  
Parish of residence/Parroquia de residencia

\_\_\_\_\_  
Godfather/Padrino

\_\_\_\_\_  
Parish of residence/Parroquia de residencia

\_\_\_\_\_  
Godmother/Madrina

\_\_\_\_\_  
Parish of residence/Parroquia de residencia

‡ ST. JOSEPH CATHOLIC CHURCH ‡ 440 THIRD STREET ‡ CRESCENT CITY, CA ‡

‡ 707.465.1762 ‡ 707.465.1763 (FAX) ‡