ST. JOSEPH CATHOLIC CHURCH
BAPTISM REGISTRATION

Today's Date:_____

Child's full name:_____
first middle last

Date of birth _____ **Birthplace** (city & state):_____

Home Address:_____
street city zip

Child lives with: (circle one) Both parents mother father other_____

Parent's marriage: (circle one) Catholic Other Church Civil Not Married

Date of marriage: _____ **Place of marriage:**_____
church city state

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