

BAPTISM INFORMATION

PLEASE FILL IN ALL ITEMS:

Child's Name _____ Age at the
time of 1st Communion _____

Child's address _____

Date & Place of Birth _____

Date & Church of Baptism _____

City _____ State _____ Zip Code _____

Father's First & Last Name _____ Religion _____

Father's email _____ Phone _____

Mother's First and **Maiden** Name _____ Religion _____

Mother's email _____ Phone _____

WE WILL NEED AN ORIGINAL OF YOUR CHILD'S BAPTISMAL RECORD FOR OUR FILES IF THE BAPTISM TOOK PLACE IN ANOTHER PARISH.

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To: _____
(Church of Baptism & Address)

My child _____ will be receiving
(First Name) (Middle) (Last)

Reconciliation during the coming year at St. Joseph Parish, St. Johns, Michigan.

Date of Baptism _____ Date of Birth _____

*Please mail **(no faxes please)** my child's Baptismal Certificate to:*

**St. Joseph School
ATTN: Jen Nelson, DRE
201 E. Cass
St. Johns, MI 48879
989-224-8537**

(Mother's First & Maiden Name - Printed)

(Father's First & Last Name - Printed)

(Parent Signature)

Date: _____

Thank you!