



the **BASILICA**  
of Saint Josaphat

## INFANT BAPTISM REGISTRATION

Today's Date: \_\_\_\_\_

### CHILD INFORMATION:

Full Name of Child: \_\_\_\_\_

M  F Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Names and Ages of Sibling(s): \_\_\_\_\_

\_\_\_\_\_

### PARENT INFORMATION:

Full Name of Father: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Father's Mass Attendance: Frequently Occasionally Seldom Never

(Maiden) Full Name of Mother: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Mother's Mass Attendance: Frequently Occasionally Seldom Never

Marital Status of Parents: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Registered Parishioner(s) at the Basilica of St. Josaphat?  YES  NO

## **GODPARENT INFORMATION:**

*Please see "Guidelines for the Celebration of the Sacrament of Baptism" for Godparent requirements.*

**Full Name of Godparent:** \_\_\_\_\_

**Godparent's Parish:** \_\_\_\_\_

**Godparent is:** Baptized Confirmed 17 Years Old Practicing Catholic

**Full Name of Godparent/Christian Witness:** \_\_\_\_\_

**Godparent's or Christian Witness' Parish/Church:** \_\_\_\_\_

## **OTHER QUESTIONS:**

**Was Child's Baptism Done in a Hospital or Other Church?** YES NO

**If yes, by Whom?** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Are there any other children in need of Sacramental Preparation?** YES NO

**If yes, please list their names, ages, and Sacrament(s) needed:**

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**Would you like to speak to a priest about any family/personal situations?**  
YES NO

**How would you describe your, and if applicable, your spouse's lived relationship with God so far in your life?**

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## **BAPTISM PREPARATION SESSION REGISTRATION:**

**Please select your session date:**

- |  |   |
|--|---|
| <input type="checkbox"/> September 3rd, 2019 | <input type="checkbox"/> May 5th, 2020                                |
| <input type="checkbox"/> October 1st, 2019   | <input type="checkbox"/> June 2nd, 2020                               |
| <input type="checkbox"/> November 5th, 2019  | <input type="checkbox"/> July 7th, 2020                               |
| <input type="checkbox"/> January 7th, 2020   | <input type="checkbox"/> August 4th, 2020                             |
| <input type="checkbox"/> February, 2020      | <input type="checkbox"/> I need to schedule a private review session. |

**OFFICE USE ONLY:**

**Baptism Fee Received:** \_\_\_\_\_ **Godparent Cert. Received:** \_\_\_\_\_

**Date of Baptism Session:** \_\_\_\_\_ **Certified By:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_ **Celebrant:** \_\_\_\_\_

**Please mail Registration Form and Fee to:**

The Basilica of St. Josaphat  
Attn: Jeremy Fisher  
2333 South Sixth Street  
Milwaukee, WI 53215  
tel: 414-645-5623 fax: 414-645-2216