



SAINT JOSEPH THE WORKER CHURCH
 2163 N. Winn Road (Beal City)
 Mount Pleasant, Michigan 48858
 Phone: (989) 644-2041 – Fax: (989) 644-2026
 Email: stjosephtheworkerbcparish@gmail.com

BAPTISM REQUEST FORM

Baptismal Policy: *It is the policy of Saint Joseph the Worker to celebrate the sacrament of Baptism with any registered, active family in the parish. "Active" means at minimum that any parent requesting Baptism for a child regularly participates in Mass and contributes to the support of the parish because Baptism is a community celebration. The normal setting for Baptism will be within a weekend Liturgy. Baptisms can be celebrated during Lent.*

(Please print all information.)

Name of Child: _____ Anticipated Date of Baptism: ____/____/____
 First Middle Last Within Mass Outside Mass Time: _____

Date of Birth: ____/____/____ City/State of Birth: _____

Mother's Name: _____ Maiden: _____ Religion: _____
 First Middle Last

Father's Name: _____ Religion: _____
 First Middle Last

Complete Address: _____
 Street City/State/Zip

Email Address: _____ Phone: _____

Godparent Names: _____
 Are the Godfather and Godmother husband and wife? Yes No

Witness Name (If Protestant): _____ Church Affiliation: _____

Has your child been previously baptized? Yes No If yes, where? _____

How often do you attend church? (Mother) Weekly Monthly Never Other _____
 (Father) Weekly Monthly Never Other _____

How often do you receive the sacraments?
 (Mother) Weekly Monthly Never Other _____
 (Father) Weekly Monthly Never Other _____

How are you involved in parish life? _____

QUESTIONS REGARDING MARRIAGE

Are you married? Yes No Name of Church: _____

Date of Marriage? ____/____/____ City/State: _____

If not married in a church, where were you married? _____

Did you, as an individual/couple, decide to marry in a church other than Catholic because of a divorce situation?

Yes No

Were you given permission by a Catholic Diocese in which you were married to have your wedding at a place other than a Catholic Church? Yes No

Number of Children? _____ Ages: _____

Are the children enrolled in a religious education program or in a Catholic School? Yes No

Present or Previous Baptismal Preparation Session: _____
Church Name Date

**Please return this form to the parish office.*

**Please be at church at least 30 minutes before the Mass time to receive final instructions from the pastor.*

**Number of Reserved Seating: _____*



OFFICE USE

Date of Parent Preparation: ____/____/____ Date Child Baptized ____/____/____

Sacrament Administered By: _____

Recorded in Sacramental Records

Certificate printed