

**ST. JOSEPH CO-CATHEDRAL
THIBODAUX, LOUISIANA**

BAPTISMAL REGISTRATION: *Please WRITE OR PRINT LEGIBLY!*

Date: _____ Registry Vol. _____ No. _____

Parents' Parishioner: ☐ Territorial/Domiciled ☐ Registered

Registration Form: ☐ Completed ☐ Returned Pastor's Permission: ☐ N/A ☐ Received

CHILD'S NAME: _____ ☐ Male ☐ Female
First Middle Last

Date of Birth: _____ **Place of Birth:** _____
Month Day Year City & State

Father's Name: _____ **Mother's Name:** _____
(Only if it appears on Civil Birth Certificate) (Maiden Name)

Religion or Church Affiliation: _____ Religion or Church Affiliation: _____

Address: _____ Address: _____

Phone Numbers: _____

Email Address: _____

Married: ☐ Yes ☐ No Date of Marriage: _____ ☐ in the Catholic Church
☐ by a Judge or J.P. ☐ Other Church or Minister: _____

**If Parents are not married, please provide a copy of the child's Official Birth Certificate or notarized paternity papers.*

Godfather: _____ **Date of Birth:** _____
Requirements: ☐ Baptized Catholic ☐ First Communion
☐ Confirmed ☐ Practicing
Age: _____ Relationship to the child: _____

Godmother: _____ **Date of Birth:** _____
Requirements: ☐ Baptized Catholic ☐ First Communion
☐ Confirmed ☐ Practicing
Age: _____ Relationship to the child: _____

Witness (if any and applies ONLY to baptized non-Catholics): _____

BAPTISMAL PREPARATION: Date: _____ By: _____
Attended: ☐ Father ☐ Mother ☐ N/A: _____
☐ Godfather ☐ Godmother
Remarks: _____

BAPTISM DATE: _____ **Officiant:** _____

Office Notes: _____