

ST. JOSEPH CATHOLIC CHURCH

1294 Makawao Avenue, Makawao, Hawaii 96768

Phone: (808) 572-7652 Fax: (808) 573-2278

BIRTH CERTIFICATE NO:

Attach Copy of State of Hawaii Birth Certificate

BAPTISMAL REGISTRATION FORM

(Print information as they appear on the child's birth certificate)

CHILD'S FULL NAME: _____

BIRTH DATE: _____ PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____ RELIGION _____

MOTHER'S FULL NAME: _____ RELIGION _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (HOME) _____ (WORK) _____ (CELL) _____

GODFATHER: _____ RELIGION _____

GODMOTHER: _____ RELIGION _____

*Please note: After an initial interview with Pastor or Associate Pastor, we ask the parents of the child to observe the following requirements of St. Joseph Church.

1. At least one of the parents must be a practicing Roman Catholic (regularly attends Mass on Sunday and is a registered member of St. Joseph Parish).
2. One of the Godparents must be Catholic (has received the Sacraments of Baptism, First Holy Communion and Confirmation) and regularly attends Mass.
3. Both parents and Godparents must attend and participate in the schedule class of instruction on the Sacrament of Baptism, usually offered on the second Tuesday of the month from 7 p.m. to 8:30 p.m.
4. Each Godparent not from St. Joseph Parish must provide a Letter of Recommendation from the Pastor of their Catholic Church to attest to their fitness as Catholic Godparents.
5. Baptism are celebrated once a month, usually on the last Saturday of the month. Confirmation of the date and time of Baptism will be given to you after your meeting with the Pastor or Associate Pastor.
6. Suggested offering to St. Joseph Church of \$100 is greatly appreciated.
7. Please bring this form with you to the Baptismal class and give to the instructor to sign.

Return this form to the Office or the priests no later than 3 days before the Baptism.

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| DATE REQUESTED: _____ | TIME: _____ |
| DATE ATTENDED CLASS: _____ | |
| INSTRUCTORS SIGNATURE: _____ | |
| BAPTIZED BY: _____ | |
| NOTATIONS: BOOK _____ PAGE _____ NUMBER _____ | |