

ST. JOSEPH CATHOLIC CHURCH
1294 Makawao Avenue, Makawao, Hawaii 96768
Phone: (808) 572-7652 Fax (808) 573-2278

BIRTH CERTIFICATE NO: _____

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 MAIDEN NAME: _____ RELIGION _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

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

GODFATHER: _____ RELIGION _____

GODMOTHER: _____ RELIGION _____

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

1. At least one the parents must be a practicing Roman Catholic (regularly attends Mass on Sunday and is a member of St. Joseph's Parish).
One of the Godparents must be Catholic (has received the Sacraments of Baptism, First Communion and Confirmation) and regularly attends Mass.
2. Both parents and Godparents must attend and participate in the schedule class of Instruction on the Sacrament of Baptism, usually offered on Tuesday evenings from 7 p.m.—8:30 p.m..
Godparents not from St. Joseph Parish must provide Letters of Recommendation from the Pastor of their Catholic Church to attest to their fitness as Catholic Godparents.
4. Baptisms are celebrated once a month, usually on the last weekend of the month at one of the week-end Masses. The date of the Baptism will be given to you after your meeting with the Priest.
5. **Baptismal offering according to your means. Your generosity is really appreciated.**
6. Please bring this form with you to the first Baptismal class and give to the Instructor.

Return this completed form to the Parish Office or the priests no later than three days before the Baptism.

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

RETURN THIS FORM TO THE OFFICE NO LATER THAN 3 DAYS BEFORE THE BAPTISM.