



Baptism Registration

St. Patrick's Catholic Church

710 West Marion Street ♦ Joliet, IL 60436-1556 ♦ (815) 727-4746

If you are completing this form online, please save this document on your computer and email your attachment to stpatrectory0710@sbcglobal.net

Child's Name: _____

Address: _____

City/ST/Zip: _____ Phone: _____

Place of Birth: _____ Date of Birth: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Place - Parents' Marr.: _____ Date of Marr.: _____

Godfather: _____ Religion: _____

Godmother: _____ Religion: _____

Registered: Yes No

Attended Meeting: Yes No Date: _____

Date of Baptism: _____ Time: _____

Signed By: _____
(Priest/Deacon)

Office Use Only: Paid in Full Deposit: _____