

BAPTISM REGISTRATION FORM

Register _____
Bulletin _____
Database _____

FOR OFFICE USE:

Date of Baptism: _____ **Priest/Deacon performing Baptism:** _____
_____ Time of Mass Baptisms begin shortly after 11:30 Mass

Date Attending Baptism Class: _____ **Attended** _____ **Yes** _____ **No** _____
Class is first Thursday of each month, 7:00pm in the school library

Name of person to be baptized: _____
(first) (middle) (last)

Gender: Male _____ Female _____

Birth Date: _____ **City & State of Birth:** _____

Father's Name: _____ **Religion:** _____
(first) (middle) (last)

Mother's Name: _____ **Religion:** _____
(first) (middle) (last)

Mother's Maiden Name: _____

Family Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ / _____ **Email Address** _____
(father's) (mother's)

Marital Status: _____ Valid Catholic Marriage _____ Invalid Marriage

Marriage Date _____ **Church/Place of Marriage** _____ **City/State** _____

_____ Divorced _____ Was the marriage annulled? _____ Yes _____ No
(Date)

_____ Separated _____ Widowed _____ Co-Habiting _____ Single

Member of Sacred Heart Parish? yes no **If no, where** _____

Sponsor/Witness: _____ **Religion:** _____
(first) (middle) (last)

(Sponsor's Church – City/ State)

Sponsor/Witness: _____ **Religion:** _____
(first) (middle) (last)

(Sponsor's Church – City/State)

Proxy: _____
(first) (middle) (last) (Religion) (proxy for which sponsor/s)

(Proxy's Church – City/State)