HOLY CROSS PARISH
SIOUX CITY, IOWA

INFORMATION FOR SACRAMENTAL RECORDS

To be recorded in the Parish Record Books

CHILD'S NAME: _____
First Middle Last

FATHER'S FULL NAME: _____
First Middle Name Last

MOTHER'S
FULL NAME: _____
First Middle Name Maiden Name Last

ADDRESS: _____

DATE AND PLACE OF CHILD'S BIRTH:

_____
Date City and State

NAME OF CHILD AT TIME OF BAPTISM
(if <u>different</u> from name above) _____
First Middle Last

DATE OF CHILD'S BAPTISM: _____
Month Day Year

_____
Name of Church of Baptism

_____
City and State of Church of Baptism

***Please note**: If your child was baptized at one of the Holy Cross churches (St. Michael or Blessed Sacrament), please tell us which one and the approximate date. If he/she was baptized elsewhere, please contact that church to request a copy of the baptismal certificate.*