

Date of Baptism _____

Baptized by _____

SACRISTY RECORD OF BAPTISM

Full Name of Child: _____

Date of Birth: _____

Gender: Male Female

Birthplace City: _____

State: _____

Father's Full Name: _____

SGTG Parish Catholic Other

Mother's Full Name: _____

SGTG Parish Catholic Other

Mother's Maiden Name: _____

Address: _____

Phone: _____ Email: _____

Child's parents married? Yes No

If yes, by a Catholic Priest or Deacon. Yes No

Church: _____

Other Location: _____

City & State: _____

City & State: _____

Date: _____

Date: _____

Proposed Godmother: _____ SGTG Parish Catholic Other

Proposed Godfather: _____ SGTG Parish Catholic Other

For First Child Baptized Parents Only: Date Attending Baptism Prep Class: _____

Please note below if your child received **emergency baptism** at hospital or other location?

Location: _____

From Whom: _____ Date: _____

FOR OFFICE ONLY: L# _____ P# _____ B# _____

Certificate

Bulletin

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