

BAPTISMAL INFORMATION

Name of child to be baptized: _____

Date of birth: _____ Place of birth: _____

Mother's full name: _____ (_____)

Maiden Name

Mother's Religion: _____ Baptized? _____

Father's full name: _____

Father's Religion: _____ Baptized? _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Date Married: _____ Place of Marriage: _____

Married by whom? _____

How long have you lived in Sacred Heart Parish? _____

Do you attend Mass regularly? _____

Why do you wish to have your child baptized? _____

Sponsor: _____ Religion: _____

Sponsor: _____ Religion: _____

FOR PARISH USE ONLY

Date attended baptism class: _____

Date of private interview: _____

Proposed Date of Baptism: _____

Date child baptized: _____ Celebrant: _____