# SACRAMENT OF BAPTISM INFORMATION SHEET
# PLEASE PRINT CAREFULLY

Name of Person to be Baptized_____

Place of Birth (City)_____(State)_____

Date of Birth_____

Phone_____

Present Mailing Address_____

Father_____Religion_____

First Middle Last

Mother_____Religion_____

First Middle Last

Godfather_____Religion_____

First Middle Last Confirmed?_____

Godmother_____Religion_____

First Middle Last Confirmed?_____

Are parents **REGISTERED** St. Margaret Parishioners?_____Envelope No._____

Did parents attend Baptismal Preparation Class?_____Where_____

When_____

Was the child privately baptized in a hospital? Yes_____No_____

If answer is yes, give name of hospital_____

City_____State_____

Who administered the Sacrament at the hospital?_____

***Certificate of live birth must be presented at time of registration.***

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**TO BE FILLED OUT BY CELEBRANT OF THE SACRAMENT OF BAPTISM**

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DATE OF BAPTISM_____TIME_____

PLACE OF BAPTISM: CHURCH_____CHAPEL_____

CELEBRANT_____PLEASE INITIAL_____

CERTIFICATE TYPED_____BY WHOM_____