

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.

OFFICE USE ONLY

DATE OF BAPTISM _____ TIME _____

PLACE OF BAPTISM: CHURCH _____ CHAPEL _____

CELEBRANT _____ PLEASE INITIAL _____

CERTIFICATE TYPED _____ BY WHOM _____