

SACRED HEART OF JESUS ROMAN CATHOLIC CHURCH

Baptismal Information Request Form

FULL NAME OF CHILD: _____

City of Birth: _____

Child's Date of Birth: _____ Child's Age: _____

Female: _____ Male: _____

Are parent's married _____yes _____no

*(If no, proof of paternity **MUST** be submitted in order for the child to carry the father's last name on the certificate.)*

FATHER'S FULL NAME: _____

Father's religion: _____

If Catholic, does the father attend Mass regularly? _____ yes _____no

MOTHER'S FULL MAIDEN NAME: _____

Mother's religion: _____

If Catholic, does the mother attend Mass regularly? _____ yes _____no

FAMILY ADDRESS:

TELEPHONE NUMBERS: (home) _____

(work) _____ (cell) _____

(email): _____

(If parents are not registered at Sacred Heart of Jesus Catholic Church, or live within its territory, then we will need a letter from the pastor of the church in which you are registered or in whose territory you reside to baptize the child here.)

PARENT'S MARITAL STATUS: (CHECK ONE)

_____ married in the Catholic Church (date & church: _____)

_____ married civilly.

_____ married by other minister: _____ other denomination

_____ not married *(if couples are not married, proof of paternity is required for the child to carry the father's last name.)*

PROSPECTIVE GODPARENT INFORMATION (Godparents **MUST be practicing Catholics, baptized, confirmed, and able to receive Holy Communion.)**

❖ **PROSPECTIVE GODFATHER'S FULL NAME & PHONE NUMBER:**

Is he Catholic? _____yes _____no

If yes, date of birth: _____

Church of Baptism: _____

Is he 16 years or older? _____yes _____no

Is he confirmed? _____yes _____no

If, yes: church of Confirmation: _____

Date of Confirmation: _____

Is he married? _____yes _____no

If yes, date and church: _____

Does he attend Mass regularly? _____yes _____no

If yes, what Church: _____

❖ **PROSPECTIVE GODMOTHER'S FULL NAME & PHONE NUMBER:**

Is she Catholic? _____yes _____no

If yes, date of birth: _____

Church of Baptism: _____

Is she 16 years or older? _____yes _____no

Is she confirmed? _____yes _____no

If, yes: church of Confirmation: _____

Date of Confirmation: _____

Is she married? _____yes _____no

If yes, date and church: _____

Does she attend Mass regularly? _____yes _____no

If yes, what Church: _____

OFFICE USE ONLY:

Date parent(s) attended class: _____

Baptism date: _____ Time: _____ By: _____

PROSPECTIVE GODPARENTS APPROVAL

Godfather Approved: _____ *(priest approved by initialing)*

Godmother Approved: _____ *(priest approved by initialing)*