

Immaculate Heart of Mary Catholic Church

For Office Use Only

Presiding priest/deacon: _____

Date of Baptism: _____

Entered in Sac. reg. & computer by: _____

Date: _____

Cert. Mailed: Date _____

Baptismal Fees Paid: Yes () No ()

Today's Date _____

Child's Name: _____

Date of Birth _____ City and state of Birth: _____

Gender of child M/F _____

Was the child adopted? Yes No *(If so, legal documentation is needed.)*

Are you a legal guardian Yes No *(If so, legal documentation is needed)*

Father's Name: _____

Address _____

Confirmed? Yes No Att: Workshop: Yes No

Mother's maiden name: _____

(A copy of Child's Birth Certificate must be provided if mother is not married)

Address _____

City _____ St. _____ Zip _____

Religion of Mother: _____ Mother Confirmed? Yes No Att. Workshop: Yes No

Are you (Parents) registered members of Immaculate Heart? Yes No

If You are not a member of Immaculate Heart, permission is required from your Parish.

Marital Status of Parents (married, single or divorce, co-habit) _____

Catholic Church marriage Yes No

If yes, please provide name of Church, City _____

Godfather: _____ Godparent form Returned: Yes No

Godmother: _____ Godparent form Returned: Yes No

Signature of Father

Signature of Mother