Date: _____

Sacristy Record of Baptism

Transcribe to BAPTISMAL REGISTER under date of: _____ Date of Baptism -please leave blank

Name of child: _____ M/F
first middle last

Date of Birth _____ Place of Birth _____

Name of Father _____ Religion _____
first middle last

Name of Mother _____ Religion _____
first middle maiden name

Family Address _____ Home phone _____
street, number city,state,zip Office phone _____

Email Adress _____ ***very important*** _____

Is family registered in parish? _____ Registration forms mailed? _____ Returned? _____

Baptism Preparation class last 2 years? _____ Where? _____ **If SGA, DATE:** _____

Were parents married by a priest? _____ First Child or New to Parish? Yes No

Godparent: _____ Religion _____
first middle last

Godparent: _____ Religion _____
first middle last

Additional Information: _____

Office Use Only:

_____ Registration recvd _____ Class attended at SGA _____ Class attendence in Shelby

_____ Date added to Shelby _____ Certificate recvd _____ Added to register

_____ Deacon Interview