

# Sacristy Record of Baptism

Baptism Scheduled for: \_\_\_\_\_ **After** \_\_\_\_\_  
 \_\_\_\_\_ **Month** \_\_\_\_\_ **Date** \_\_\_\_\_ **Year** \_\_\_\_\_ **Mass Time** \_\_\_\_\_ **Check**  
 \_\_\_\_\_ **One** **During** \_\_\_\_\_

**Note:** Baptisms are held AFTER Mass on the 2nd Sunday of the Month. Baptisms are held DURING Mass on the 4th Sundays of the month.

Please Print Neatly: We also need a copy of a State-issued Birth Certificate from you. Mail or drop off at the Parish Office.

Child's Name: \_\_\_\_\_  
 \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last**

Date of Birth: \_\_\_\_\_ **City of Birth:** \_\_\_\_\_ **State of Birth:** \_\_\_\_\_

Child's Father: \_\_\_\_\_ **Catholic? Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 \_\_\_\_\_ **First** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last**

Child's Mother: \_\_\_\_\_ **Catholic? Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 \_\_\_\_\_ **First** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **MAIDEN NAME**

Are Parent's of the Child Married? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Married by a Priest? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Are you Registered Members of St. Michael's? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (If No, letter of permission from parish needed)  
 How to tell if registered? Do you receive mail from us? Contribution envelopes?

Do you have other children in grades K-12? **Yes** \_\_\_\_\_ **NO** \_\_\_\_\_.  
 If YES, are they currently enrolled in Religious Education Classes or a Catholic School? \_\_\_\_\_

**Godparents:** Only one Godfather and One Godmother is permitted. Godparents must be at least **16 years of age, Confirmed, and Practicing Catholics.** Please make sure you have the correct spelling.

GodFather's Name: \_\_\_\_\_ **Practicing Catholic? Yes** \_\_\_\_\_

GodMother's Name: \_\_\_\_\_ **Practicing Catholic? Yes** \_\_\_\_\_

Christian Witness: \_\_\_\_\_

Have you attended a Pre-Baptism Class within 5 years? **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **If yes, Where:** \_\_\_\_\_

**Current Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_ **Street Address**

\_\_\_\_\_

\_\_\_\_\_ **City/State**

\_\_\_\_\_

\_\_\_\_\_ **Zipcode**

**His Phone:** ( ) \_\_\_\_\_

**Her Phone:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Office Use Only:**

Pre-Baptism Class Attended: \_\_\_\_\_

Registered Parishioners? \_\_\_\_\_  
 (If No—Ltr of Permission Received?) \_\_\_\_\_

Interview with Priest Completed? \_\_\_\_\_

Birth Certificate Received? \_\_\_\_\_

Baptism Completed  
 By: \_\_\_\_\_