

Sacristy Record of Baptism

Baptism Scheduled for: _____
Month _____ Date _____ Year _____ Mass Time _____
Check One After _____ 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: _____