Sacred Heart Parish Marengo, IL

Baptism Registration

Child's Name:				
Address:				
City:	State:	Zip:		
Phone: (Home)	(Cell)			
Date of Birth:	Place of Birth:			
Date of Baptism: Sunday (to be cordinated with	parish office)	Time:	11:15 AM	
Baptism to be in (Ciecle one): English or Span	nish			
Father's First Name:				
His Religion:				
Mother's First Name:				
Last Name:				
(If different)				
Her Religion:				
Status: Married by Catholic Priest		Separated		
Married by Catholic Priest Married in another Religion Civil Marriage		Separated Divorced Single		
Common Law		Widowed		
Church / City / Date of Marriage:				
Godfather's Name:				
His Religion:				
Godmother's Name:				
Her Religion:				
The Kengion.	-			
Will either Godparent be represented by proxy?	Yes No			
If yes, Name of Proxy:				
Was the child privetely Baptized?Yes	No			
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Celebrant:				
For Office Use				
Parish Registration Received Already Memb		Stipend receive	_	eceived no, reschedule Baptis
Baptism Prep Class Completed NA (first time parents)		n Recorded	_	ompleted
Baptism Registration Received	υαρτιστι	ccorucu		. ,