

**Sacred Heart Parish**

62 School Street

Manchester, MA

01944-1342

978-526-1263

Fax 978-526-4335

Email: [shsjbulletin@comcast.net](mailto:shsjbulletin@comcast.net)

**St. John the Baptist Parish**

52 Main Street

Essex, MA 01929-1343

978-526-1263

Website: [www.mecatholic.org](http://www.mecatholic.org)

Baptismal Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_\*

Church Requested: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
First Middle Last

Residence: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
First Middle Last

Father's Religion: \_\_\_\_\_

Mother's Name \_\_\_\_\_  
First Middle Last

Mother's Maiden Name: \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Place of Marriage: \_\_\_\_\_\*

Godfather's Name: \_\_\_\_\_

Godfather's Religion: \_\_\_\_\_

Godmother's Name: \_\_\_\_\_

Godmother's Religion: \_\_\_\_\_

Will either Godparent be represented by proxy? \_\_\_\_\_

Name of Proxy: \_\_\_\_\_

Was the child baptized privately? \_\_\_\_\_ Where: \_\_\_\_\_

Was the child adopted? \_\_\_\_\_

\*In the case where parents are not married, a copy of the birth certificate must be submitted, indicating the father's name for inclusion in the Baptismal record.

\*Baptisms are normally at Noon on the First Sunday of the month at Sacred Heart Parish and the Second Sunday of the month at St. John the Baptist Parish.

Other Dates and Times are subject to the Parish schedule and the availability of the priest or deacon presiding.