

Baptism of Your Child under Seven

Leave blank any information you do not wish to appear in the historical and unchangeable Baptism Register and on future certificates when they are issued.

Full Name of Child

Date of Birth / Age Now

City and State of Birth

*Full Maiden Name of the Natural
Mother of the Child*

Is the Mother Catholic?

*Full Name of the Natural Father of the
Child*

Is the Father Catholic?

Full Name of the Godmother

Is the Godmother Catholic?

Full Name of the Godfather

Is the Godfather Catholic?

*Will both parents and both godparents
be present at the baptism?*

*Has the child already been baptized
by anyone for any reason?*

*What is the best mobile phone and
email for you?*

Home Address, City, State, Zip

*Do you wish to be registered in
Sacred Heart Pineville?*

Indicate Requested –

Day: _____ *Date:* _____ *Time:* _____

Clergyman: _____

Clergyman Verifies Form and Completes the following –

Actual Date of Baptism: _____ *Baptized by:* _____