



BAPTISM REGISTRATION FORM

Sacred Heart & St Margaret's RC Church

Please read "Parent's Role and responsibilities for baptism" for parish registration information below.

Proposed Date of Baptism: _____ Place of Baptism: _____
(Church/Parish Name and Address)

Child's Full Name As it Appears on Birth Certificate:

(First Name) (Middle Name) (Surname)

Date of Child's Birth: _____ Gender of Child: _____

Place of Child's Birth: _____

Father's Full Name as it Appears on Birth Certificate:

(First Name) (Middle Name) (Surname)

Mother's Full Name as it Appears on Birth Certificate (Maiden Name required):

(First Name) (Middle Name) (Surname/Maiden Name)

Address: _____
(Address/Street) (Address/City) (Address/Post Code)

Email: _____
(Father's) (Mother's)

Phones: _____
(Home) (Cell - Father's) (Cell - Mother's)

Father's Religion: _____ If other explain _____

Mother's Religion: _____ If other explain _____

Is at least one of the parents a registered member of the Parish? _____ If "Yes" Parish/env. #: _____

Parent's Marital Status _____

COMPLETE THE GODPARENT FORM:

Complete Name of Godfather: _____

Member of Sacred Heart Church? or _____

Complete Name of Godmother: _____

Member of Sacred Heart Church? or _____

OPTION - Complete Name of Proxy: _____

Member of Sacred Heart Church? or _____

OPTION - Complete Name of Christian Witness: _____

Member of: _____

By signing below, the signees CERTIFY that all information provided on this form is TRUE and CORRECT; that they will raise the child named in this application in the faith and teachings of the Catholic Church; and that permission is granted for the baptism of their child in the Roman Catholic Church.

Date Father's Signature Mother's Signature

Permission is given to use photographs of baptism participants for use in bulletin, bulletin boards, Facebook or webpage.