SACRED HEART CHURCH
DATA FOR BAPTISMAL REGISTER

Before completing this form call the rectory at 573-744-5987 and talk to Father to confirm a date for the Baptism

Requested Date of Baptism: _____

Full Name of child: _____Male____Female____

Date of Birth: _____Adopted? _____

City of Birth: _____

Is this your first child? _____ *If YES, Father will need schedule instructions*

Father's Name: _____
First Middle Last

Catholic? ____ Active? ____ Current Parish: _____

Mother's Name: _____
First Middle Maiden Last

Catholic? ____ Active? ____Current Parish: _____

If not members of Sacred Heart, permission is needed from pastor of parish you are members

Were Parents married by a Priest? _____

Address of Parents: _____

_____

Phone number: (Dad) _____ (Mom) _____

Email Addresses: (Dad)_____ (Mom) _____

Godfather's Name: ____ _____

Catholic? _____ Confirmed? _____Active? _____ Current Parish:_____

Godmother's Name: _____ _____

Catholic? _____ Confirmed? _____Active? _____ Current Parish: _____

Number of Pews you wish to RESERVE at this service: _____

Officiating Priest: _____

Office use only
Certificate ____ *Petitions* ___ *Bulletin* ____ *Register* _____