

Sacred Heart Catholic Church

Baptismal Information Request



PARENTAL INFORMATION:

Father: First _____ Middle _____ Last _____

Catholic: Yes _____ No _____

Mother: First _____ Middle _____ Maiden Name _____

Catholic: Yes _____ No _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cellphone: _____

Were you married in a church by a priest? Yes _____ No _____

Do you attend Mass as a family weekly? Yes _____ No _____

CHILD TO BE BAPTIZED:

First Name _____ Middle _____ Last _____

Date of birth: ____/____/____ Place of birth (city & state): _____

Name of Godfather: _____ Catholic: Yes _____ No _____

Name of Godmother: _____ Catholic: Yes _____ No _____

Desired Date of Baptism: ____/____/____ Time: _____

Celebrant (to be determined): _____

Please return this information sheet to the Parish Office as soon as possible.
 For further questions, please contact Pattie Rioux (Pastoral Ministry) 989.362.3162

For Parish Office Use

Parish Data System [] Sacramental Book [] P.A.S.T [] Baptismal Cert. []

Sacred Heart Catholic Church 5300 US-23, Oscoda Township, MI 48750