

Sacred Heart, St. Augustine, St. James Parishes BAPTISM INFORMATION

FOR OFFICE USE ONLY			
Priest			
Date of Baptism		Time	
Recorded:			

Parents			
REGISTERED MEMBER OF THE PARISH?	Yes No	Your Phone #	
Full Name of Father		Religion	
Full Name of Mother (Maiden Name)		Religion	
Address			
City			
State & Zip Code			
Email Address			
Married in the Catholic Church?	Yes No	If No, Where Married?	
Godparents (Must be at least 16 years of age and be a practicing Catholic)			
Godfather's Name		Religion	
Godmother's Name		Religion	
Child			
First & Middle Names of the Child			
City & State of Birth of the Child			
Date of Birth		Baptism Class Attended?	Yes No
Full Name to Appear on Certificate			

Return to office, fax to 785-284-2913, or email to fatherclayton@gmail.com