

# Sacred Heart Catholic Church

Pinellas Park, FL.

## Baptismal Registration

### Who is to be baptized?

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Was Child Adopted:  Yes  No

Place of Birth (City & State): \_\_\_\_\_

Child primarily lives with:  Mother  Father  Both

### Parent information:

Father / Guardian's Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

Mother / Guardian's Name: \_\_\_\_\_

Religions: \_\_\_\_\_ Church: \_\_\_\_\_

### Best contact information:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Godparent information:

Godfather's Name: \_\_\_\_\_

Godfather's religion:  Catholic  another Christian church  none

If Catholic, current parish (Name & City): \_\_\_\_\_

Godmother's Name: \_\_\_\_\_

Godfather's religion:  Catholic  another Christian church  none

If Catholic, current parish (Name & City): \_\_\_\_\_

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### For Office Use

### Additional Notes:

Class Attended: \_\_\_\_\_

Date Requested for Baptism: \_\_\_\_\_

Verified Documents for: Godfather \_\_\_\_\_ Godmother \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently registered at Sacred Heart?      Yes      No

Registration is not required, but we sincerely invite you to be a part of our parish. If you'd like to register, please complete the remainder of this form.

**Envelope #**

**PERSONAL INFORMATION** (Please PRINT legibly)

HOME NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

Additional Email Address:

Do you use the envelope system?  YES  NO      Electronic Transfer ?  YES  NO

Winter Parishioner only ?  YES  NO      from (Month) \_\_\_\_\_ to \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

**OTHER FAMILY INFORMATION**

**SACRAMENTS**

	<b><u>DATE OF BIRTH</u></b>	<b><u>BAPTISM</u></b>	<b><u>COMMUNION</u></b>	<b><u>CONFIRMATION</u></b>
FIRST NAME (Self): _____	_____	Y   N	Y   N	Y   N
FIRST NAME (Spouse): _____	_____	Y   N	Y   N	Y   N

Maiden Name: \_\_\_\_\_ Married \_\_\_ Widower \_\_\_ Single \_\_\_ Divorced \_\_\_

Date of Marriage \_\_\_\_\_ Catholic Church Marriage? YES \_\_\_ NO \_\_\_

Occupation: Husband \_\_\_\_\_ Wife \_\_\_\_\_

**NAME OF CHILDREN LIVING AT HOME      DATE OF BIRTH**

_____	_____	Y   N	Y   N	Y   N
_____	_____	Y   N	Y   N	Y   N
_____	_____	Y   N	Y   N	Y   N

**OTHER PERSONS LIVING WITH YOU**

**M/F**

**DATE OF BIRTH**

**RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_

<b>Pastor Follow-Up:</b>	<b>Date Registered:</b>
_____	_____