

# Sacred Heart

*Catholic Church*

ARCHDIOCESE OF GALVESTON-HOUSTON  
507 S. Fourth Street  
Richmond, Texas 77469-3599  
Office phone 281-342-3609 Fax number 281-342-9833  
kelly@sacredhrt.com

## Baptism Registration Form

Today's date \_\_\_\_\_

**please print or type**

Child's name \_\_\_\_\_

Place of birth \_\_\_\_\_  
city state

Date of birth \_\_\_\_\_



Father \_\_\_\_\_ Religion \_\_\_\_\_  
first middle last

Mother \_\_\_\_\_ Religion \_\_\_\_\_  
first middle maiden

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Daytime phone \_\_\_\_\_ and \_\_\_\_\_  
First Choice  cell  home  work Second Choice  cell  home  work

Sacred Heart ID Number/Envelope Number \_\_\_\_\_

How long have you been registered at Sacred Heart? \_\_\_\_\_

If less than 6 months, previous parish where registered: \_\_\_\_\_

Does Catholic parent attend Mass regularly? \_\_\_\_\_



### Godparents

Name: \_\_\_\_\_ Religion \_\_\_\_\_

Name: \_\_\_\_\_ Religion \_\_\_\_\_

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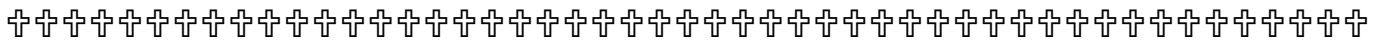
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Father \_\_\_\_\_ Religion \_\_\_\_\_  
first middle last

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Daytime phone \_\_\_\_\_ and \_\_\_\_\_  
First Choice  cell  home  work Second Choice  cell  home  work

Are you registered at Sacred Heart? \_\_\_\_\_ ID Number/Envelope Number \_\_\_\_\_



### Statement of Catholic Parent(s)

“It is my sincere hope and intention to raise my child in the catholic faith and to do all in my power to assure through my own efforts that my child practices and grows in the Catholic faith.”

Father's Signature: \_\_\_\_\_

Father's Name Printed: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Mother's Name Printed: \_\_\_\_\_