Pastorate of
the Catholic Diocese of Sioux Falls

Central Office • St. James, Chamberlain • 605-734-6122
400 S. Main Street, PO Box 645, Chamberlain, SD 57325

OUR LADY OF GRACE

Baptismal Form

Select Your Parish: ☐ St. James ☐ St. Margaret ☐ St. Peter ☐ St. John ☐ St. Mary

Date of Baptism: _____

Your Family Information:

Full Name of Child: _____ ☐ Male ☐ Female

Date of Birth: _____ City & State of Birth: _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Mother's Maiden Name: _____

Address: _____

Primary Phone Number: _____

Sponsors Information:

Name: _____ Religion: _____

Name: _____ Religion: _____

Is any sponsor to be represented by a Catholic proxy? ☐ Yes ☐ No

Catholic Proxy Name: _____

Address: _____

Was the child adopted? ☐ Yes ☐ No

If so, please give pertinent information: _____

_____

Was the child privately baptized in emergency? ☐ Yes ☐ No

Pew seat reservation? ☐ Yes ☐ No If so, how many? _____

Office Only - Administrative Checklist: Administrative Initials and Date: _____

Check when completed:

Recorded in sacramental book? ☐

Ministry Platform? ☐ (Add child to the household and enter sacrament in child's record.)

Please submit in person, by mail, or email to the Central Office at St. James.

400 S. Main Street, PO Box 645, Chamberlain, SD 57325

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