

Sacred Heart of Jesus Catholic Parish

608-874-4151

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Registration for Baptism

Name of Child: _____

Date of Birth: _____ City of Birth: _____

Father's Full Name: _____

Father's Address: _____ State: _____ ZIP: _____

Father's Best Telephone Number: _____ Religion of Father: _____

Mother's Full Name: _____ Maiden Name: _____

Mother's Address: _____ State: _____ ZIP: _____

Mother's Best Telephone Number: _____ Religion of Mother: _____

Godfather's Full Name: _____

Godmother's Full Name: _____

Religion of Godfather: _____ Religion of Godmother: _____

Religion of Godfather: _____ Religion of Godmother: _____

Date requested for Baptism: _____ Time: _____

Are you allergic to any type of vegetable oil (oils will be used in the Baptism Ritual)? Yes / No

Are you registered members of Sacred Heart of Jesus parish? Yes / No If not, where are you registered? _____

Do you have your own white baptismal garment? Yes / No

