St Mary on the Hill Catholic Church
1420 Monte Sano Ave.
Augusta, GA 30904
706-733-6627 or 706-733-4887(fax)

Baptismal Register Form (Please PRINT CLEARLY)

Childs Full Name_____
First Middle Last

Name called_____Male_____Female_____

Date of birth_____ City & State of Birth_____

Requested date of baptism 1st choice_____2nd choice_____

Father's Full name_____

Mother's First and **Maiden Name**_____

Address: _____

City & State: _____Zip Code_____

Father's Phone: _____Mother's Phone: _____

Email: _____

Father's Religion: _____ Mother's Religion: _____

Name of Parish where you are registered: _____

Attended Baptism Prep Class? YES or NO If yes, when and where_____

Sponsor (Godfather) _____ Religion _____

Sponsor (Godmother) _____ Religion _____

IS EITHER OF THE SPONSORS REPRESENTED BY A PROXY? YES or NO
If so, name of proxy: _____

A sponsor (godparent) must be a fully initiated Catholic who is living the faith in a manner that is in keeping with the responsibility of the office of sponsor.

A Baptized Christian person who belongs to a non-Catholic ecclesial community may participate together with a Catholic Sponsor, and then only as a witness of the baptism.

ALL PAPERWORK MUST BE RECEIVED IN THE CHURCH OFFICE AT LEAST TWO WEEKS PRIOR TO THE REQUESTED DATE.

Signature of Priest performing baptism_____