

L# \_\_\_\_\_ P# \_\_\_\_\_ B# \_\_\_\_\_  
Date of Baptism \_\_\_\_\_  
Baptized by \_\_\_\_\_

**SACRISTY RECORD OF BAPTISM**

Full Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Birthplace City: \_\_\_\_\_ State: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_  SGTG Parishioner  
 Catholic  
 Non-Catholic

Full Name of Mother: \_\_\_\_\_  SGTG Parishioner  
Mother's Maiden Name: \_\_\_\_\_  Catholic  
 Non-Catholic

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

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

Were the parents of the child married by a Catholic Priest or Deacon?  Yes  No

If yes, where?  
Church: \_\_\_\_\_

If no, where?  
Location: \_\_\_\_\_

City & State: \_\_\_\_\_

City & State \_\_\_\_\_

Proposed Godmother: \_\_\_\_\_ SGTG Parish Catholic  Other

Proposed Godfather: \_\_\_\_\_ SGTG Parish Catholic  Other

For First Child Parents Only - Date Attending Baptism Prep Class: \_\_\_\_\_

Please note below if your child received emergency baptism at hospital or other location?  
Location: \_\_\_\_\_  
From Whom: \_\_\_\_\_

FOR OFFICE ONLY: Certificate \_\_\_\_\_ Bulletin \_\_\_\_\_ ConnectNow \_\_\_\_\_