

**Sacred Heart Roman
Catholic Church**

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Charleston, SC 29403
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For office use only

Baptismal Date _____

Mass Time _____

Baptismal Registration Form

God Bless you on your decision to prepare your child for the Sacrament of Baptism here at Sacred Heart. Parents should be registered and active part of the community for at least 6 months. In order for your child’s baptism to take place, both parents must attend an approved baptismal preparation class & meet with Father. Forms indicating the eligibility of Godparents (16+ yrs of age, baptized and confirmed Catholic in good standing) **must** be received prior to setting the date for the baptism. Assistance in finding a suitable Godparent can be arranged upon request.

Child’s Full Name: _____ Male Female

Date of Birth: ____/____/____ City of Birth: _____ State: _____

Father’s Full Name & Religion: _____

Mother’s Full Name & Religion: _____ Maiden: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone (Father): _____ Daytime Phone (Mother): _____

E-mail address: _____

You must have at least one active practicing Catholic as a Godparent.

Godfather: _____ Godmother: _____

Religion: _____ Religion: _____

Active member of _____ Parish Active member of _____ Parish

Proxy: _____ Proxy: _____

If you are a registered member of another parish, you must have a letter granting permission to baptize from your pastor.

Are you a registered member of Sacred Heart? yes no

If no, what parish? _____
(Name / City / State)

Have you attended a baptismal preparation class? yes no

If yes, what program & when? _____
(Name / City / State)

Was this child adopted? yes no Was this child privately baptized? yes no

Were parents married in the Catholic Church? yes no

Office Use Only Date of Baptism: ____/____/____ Recorded: ____/____/____

Priest/Deacon: _____ Entered in database: ____/____/____