

SACRED HEART CHURCH
37 SCHUYLER AVENUE, STAMFORD, CT 06902
TEL: 203-324-9544 / FAX: 203-324-9202
INFORMATION FOR THE BAPTISMAL REGISTER

CHILD'S FULL NAME: _____ DOB: _____

PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL (MAIDEN): _____

Were parents married by a Catholic Priest? _____ Separated: _____ Divorced: _____ Married: _____

Name of Godfather _____ His Church _____

Name of Godmother _____ Her Church _____

Will the Godfather/Godmother be represented by a Proxy? _____ if yes, Name _____

Was child Baptized in the hospital? or elsewhere privately? _____

Date of Instruction Class _____ Given by Father _____

Date of Baptism: _____ English: _____ Italian: _____ Priest: _____

CENSUS INFORMATION FOR SACRED HEART PARISH

FAMILY NAME: _____ Telephone: _____

ADDRESS: _____ City: _____ Zip Code: _____

FAMILY MEMBERS (LIVING WITH YOU):

	<u>BIRTH</u>	<u>Catholic</u>	<u>Baptism</u>	<u>Communion</u>	<u>Confirmation</u>	<u>Attends Mass:</u>
	<u>DATE</u>					<u>Regularly / Seldom</u>

Husband: _____

Wife: _____

Children: _____

Other: _____

1. Single: _____ Married (according to Church law): _____ Separated: _____ Divorced: _____
2. Are you registered with Sacred Heart Church? _____
3. Do you use weekly envelopes? _____ If so, what is your envelope number? _____
4. Would you like to have weekly envelopes sent to you? _____