

**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: \_\_\_\_\_ DATE \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

MOTHER'S FULL (MAIDEN): \_\_\_\_\_

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

Name of Godfather \_\_\_\_\_ is he Catholic? \_\_\_\_\_ His Church \_\_\_\_\_

Name of Godmother \_\_\_\_\_ is she Catholic? \_\_\_\_\_ 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? \_\_\_\_\_