Sacred Heart of Jesus Church
P. O. Box 4 ♦ Ione, CA 95640
209-274-4984
ionesacredheart@att.net

DATA FOR BAPTISMAL REGISTER:

Name of Child: _____
First Middle Last

Date of Birth: _____

City of Birth: _____

Street/City/Zip: _____

Telephone: _____

Father's Name _____
First Middle Last

Religion of Father _____

Mother's Maiden Name _____
First Middle Last

Religion of Mother _____

Were Parents married by a Priest? _____ Yes _____ No

Godfather's Name _____ **Catholic?** _____

Godmother's Name _____ **Catholic?** _____

Date of Baptism: _____ **Name of Priest:** _____

Was child adopted? _____ **Was child privately baptized?** _____

Name of Guardian, if applicable: _____
Guardian has full decision-making authority: _____**Yes** _____**No**