



DATA FOR BAPTISMAL REGISTRY

HOLY NAME CATHOLIC CHURCH

9 S. Connor St.
Sheridan, WY 82801
307-672-2848
www.holynamesheridan.org

Date of Baptism: _____

Priest: _____

Parish: Holy Name OLP St. Edmund's

Name of Child: _____ Male Female

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Father's Religion: _____

Mother's **Maiden** Name: _____ Mother's Religion: _____

Mailing Address: _____

_____ Phone No.: _____

City State ZIP

Email: _____

Parents' Marital Status: Single Married Separated Divorced

Is the Child adopted? Yes No

Are you registered members of Holy Name parish? Yes No

REQUIREMENTS FOR GODPARENTS:

- Have completed the sixteenth year of age
- Be a (baptized) Catholic who has been confirmed and has already received the Most Holy Sacrament of the Eucharist and leads a life of faith in keeping with the function to be taken on
- Not be bound by any canonical penalty legitimately imposed or declared; and if married, married in the Catholic Church
- Not be the father or mother of the one to be baptized

Godfather's Name: _____ Godfather's Religion: _____

Godmother's Name: _____ Godmother's Religion: _____

Will either godparent be represented by proxy? Yes No

Name of Proxy: _____