



Basilica of the Sacred Heart of Jesus
Basilica del Sagrado Corazón de Jesús
353 Peachtree Street, NE Atlanta, GA 30308-3217
Phone 404-522-6800 Fax 404-524-5440

Baptism Request Form

I. Full Name of Child (as it appears on the birth certificate).

II. Date and Place of Birth of Child (as it appears on the birth certificate)

_____/_____/_____
Month Day Year *City State Country*

III. Name and Religious Affiliation of the Parents

Father's Name *Mother's Name (including maiden name)*

Religion of Father *Religion of Mother*

- ◆ Are either of you a registered parishioner at Sacred Heart? _____
- ◆ If yes, since when? _____ If no, where are you registered _____
- ◆ Do you attend this church: frequently, occasionally, rarely? (Please circle one)

IV. Name and Religious Affiliation of Godparents

Godfather's Name *Godmother's Name*

Religion of Godfather *Religion of Godmother*

V. Additional Information

Is the child adopted? Yes or No

(If yes, a copy of the final decree of adoption must be supplied).



VI. Parents' Contact Information

Street Address

Apartment Number

City

State

Zip Code

Home Phone

Work or Cell Phone

E-mail Address

VII. Requested Date of Preparation Class and Baptism - we offer only one class per month (in English and in Spanish on the first Sunday of the month at 3:30 p.m. in the Large Assembly Room) and baptisms may be requested for Saturday mornings after 9:00 a.m. Mass.

Date you will attend baptism class:

_____/_____/_____
Month Day Year

First choice of baptism date:

_____/_____/_____
Month Day Year

Second choice of baptism date:

_____/_____/_____
Month Day Year

Forms cannot be accepted without:

1. **Birth certificate or letter in place of birth certificate (which needs to be submitted when available)**
2. **Godparents' parish verification**
3. **If parents are not registered Sacred Heart parishioners: parents' parish verification letter and pastor's permission for baptism outside home parish.**

For Office Use Only

Did the parents attend the baptism class (within the past three years)?

Yes No

Date: ____/____/____

Name of baptism class instructor: _____

Name of priest baptizing the child? _____

Name of church where priest resides? _____

Priest or Deacon of Baptism:

Name: _____

Signature: _____
