



Immaculate Heart of Mary Church

617 S. Santa Rosa Ave. • San Antonio, Texas 78204-3122

Phone: (210) 226-8268 Fax: (210) 226-2412

admin@ihmsatx.org

Baptism Date: _____

BAPTISM REGISTRATION FORM

Date: _____

Date Paid: _____ Total Paid: \$ _____

Cash / Credit / Check # _____

CHILD'S INFORMATION

Child's Name: _____

Gender: **Male / Female**

Date of Birth: _____ / _____ / _____

Place of Birth: (City/State) _____

PARENTAL INFORMATION

Mother's Name (Maiden): _____

Phone: _____ Catholic: Yes / No Marital Status: Single _____ Married _____ Widow _____

Address: (City/State) _____

Father's Name: _____

Phone: _____ Catholic: Yes / No Marital Status: Single _____ Married _____ Widow _____

Address: (City/State) _____

GODPARENT'S INFORMATION

Godfather's Name: _____

Phone: _____ Parish Name: _____

Marital Status: Single _____ Widow _____ Married _____ Place of Marriage: _____

Godmother's Name: _____

Phone: _____ Parish Name: _____

Status: Single _____ Widow _____ Married _____ Place of Marriage: _____

Parents Signature: _____ Date: _____

OFFICE USE ONLY:

Baptism Date: _____ Class Date: _____

English / Spanish

Birth Certificate Received: _____

Godmother: 1st Communion / Confirmation / Marriage / Permission Letter

Godfather: 1st Communion / Confirmation / Marriage / Permission Letter

Class Attendance: Father: _____ Mother: _____ Godfather: _____ God mother: _____

Baptized By: _____

Vol: _____ Page: _____ #: _____