Saint JOHN the Beloved

28 Sumter Avenue
Summerville, SC 29483
Phone: 843-873-0631
www.sjbsummerville.org
Email: office@sjbsummerville.org

REGISTRATION FOR BAPTISM

Date of Baptism class: _____

CHILD:

Child's Name: _____
First Middle Last

Date of birth: _____ Gender: _____ Clothing size: _____ Is the child adopted? _____

Place of birth _____
City State

PARENTS:

Father's Name: _____
First Last Preferred Name

Religion of Father: _____ SJB Parishioner: Yes / No

Mother's Name: _____
First Maiden Last Preferred Name

Religion of Mother: _____ SJB Parishioner: Yes / No

Address: _____
Street Apartment

_____
City State Zip

Email address: _____

Phone: _____ _____
Home Other (specify)

GODPARENTS:

Godfather's Name: _____
First Last Preferred

Is Godfather Catholic? _____ Sponsor Christian Witness Represented by Proxy
SJB Parishioner _____Yes _____No Certificate Required Non-Catholic (or without Sponsor Certificate) _____Yes _____No

Godmother's Name: _____
First Last Preferred

Is Godmother Catholic? _____ Sponsor Christian Witness Represented by Proxy
SJB Parishioner _____Yes _____No Certificate Required Non-Catholic (or without Sponsor Certificate) _____Yes _____No

If either Godparent will be represented by Proxy, please complete:

Name of Proxy: _____
First Middle Last

BAPTISM:

Baptism date requested: *_____

During Mass: (circle one)
5:30pm 7:30am 9:30am 11:30am

Outside of Mass: (circle one)
Saturday: 11:00 am 7:00 pm
Sunday: 1:00 pm

** Once all paperwork is complete and submitted, request will be considered and date confirmed by Pastor as soon as possible.*

FOR OFFICE USE ONLY

_____ _____
Signature of Priest or Deacon Baptism Date (Confirmed by Pastor)

Scheduled Celebrant:_____ Emailed Group:_____ Certificates:_____

Noted in Baptismal Register:_____ Noted in Parish Census:_____ SCS:_____ Env.#:_____