



Saint Ann Catholic Church Colonial Heights, Virginia

17111 Jefferson Davis Highway, South Chesterfield, VA 23834

(804) 526-2548 Fax: (804) 526-1922 saintann@stanncc.com www.stanncc.com

St. Ann's Infant Baptism Sacrament Record Form

Scheduled Baptism Date: _____ **Mass Time:** _____ **\$25 Materials Fee:** _____
(\$25 Sacrament Materials Fee covers cost of candle, white garment and parent/godparent materials)

Note: Please list everything as you want it for the Official Records & Certificates

Child's Full Name: _____

Birthday: _____ **Birthplace (city, state):** _____

Parents' Current Address: _____

Email: _____ **Phone:** _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Are you registered at St. Ann Parish? **yes** **no**

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Godparent's Name: _____ **Religion:** _____

(The primary godparent MUST be a confirmed & active Catholic. Any Catholic godparents, who are married, must have a valid, Catholic marriage. All Catholic godparents must submit a godparent form.)

2nd Godparent's Name: _____ **Religion:** _____

(The secondary witness can be either a Catholic godparent, or a Christian Witness who is any baptized, active Christian. Christian Witnesses do NOT have to submit a godparent form.)

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For Office Use:

Scheduled Mass Date & Time: _____ **Baptism by:** Immersion Pouring

Date Baptized: _____ **Name of Celebrant:** _____ **Fees Pd:** _____

Notes: _____