



Baptismal Form

Select Your Parish: ☐ St. James ☐ St. Margaret ☐ St. Peter ☐ St. John ☐ St. Mary

Date of Baptism: _____

Your Family Information:

Full Name of Child: _____ ☐ Male ☐ Female

Date of Birth: _____ City & State of Birth: _____

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____

Mother's Maiden Name: _____

Address: _____

Primary Phone Number: _____

Sponsors Information:

Name: _____ Religion: _____

Name: _____ Religion: _____

Is any sponsor to be represented by a Catholic proxy? ☐ Yes ☐ No

Catholic Proxy Name: _____

Address: _____

Was the child adopted? ☐ Yes ☐ No

If so, please give pertinent information: _____

Was the child privately baptized in emergency? ☐ Yes ☐ No

Pew seat reservation? ☐ Yes ☐ No If so, how many? _____

Please submit in person, by mail, or email to the Central Office at St. Margaret's.

409 S. Elm Street, PO Box 137, Kimball, SD 57355

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