



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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