耶穌聖心堂
SACRED HEART PARISH
242 D JAKOSALEM ST., CEBU CITY

Archdiocesan Shrine of the Most Sacred Heart of Jesus
Tel. Nos.: 505-6356 / 09171025443 • email address: info@shp.org.ph

(Subject to change without prior notice.)

APPLICATION FORM (Please write clearly. If possible, All Capital Letters)

Name of Child/Person to be Baptized: _____ Sex: _____

Date of Baptism: _____ Time: _____ Minister: _____

Child's Birthdate: _____ Place: _____

Residence: _____ Cellphone No.: _____

Name of Father: _____ Occupation: _____

Name of Mother (Maiden): _____ Occupation: _____

No. of children: _____ Date of Pre-Jordan Seminar: _____

Name of Godparents: **(please write legibly.)**

SURNAME	FIRST NAME/S	SURNAME	FIRST NAME/S
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,
_____,	_____,	_____,	_____,

_____, _____, _____, _____,

_____, _____, _____, _____,

_____, _____, _____, _____,

_____, _____, _____, _____,

We agree to SHP's Baptism Norms

_____

Signature of Parents