

FOR OFFICE USE ONLY

Date Requested: _____

PD: _____ Date: _____

San Gabriel Mission

Baptismal Registration Form

Please write legibly and use only legal names

Today's Date: _____

1. NAME OF CHILD _____
First Middle Last

2. DATE OF BIRTH _____ CITY OF BIRTH _____

3. HOME ADDRESS _____

4. HOME TELEPHONE NUMBER () _____

5. NAME OF FATHER _____
First Middle Last

6. NAME OF MOTHER _____
First Middle Last

MAIDEN NAME OF MOTHER _____

7. RELIGION OF FATHER _____

8. RELIGION OF MOTHER _____

9. ARE PARENTS MARRIED OR SINGLE? _____

IF MARRIED, ARE PARENTS MARRIED BY A CATHOLIC PRIEST? YES ___ NO ___

10. NAME OF GODMOTHER _____
First Middle Last

11. TELEPHONE NUMBER OF GODMOTHER () _____

12. IS GODMOTHER BAPTIZED CATHOLIC? YES ___ NO ___

FIRST COMMUNION? YES ___ NO ___ CONFIRMED? YES ___ NO ___

SINGLE ___ MARRIED __, IF MARRIED, IS SHE MARRIED BY A CATHOLIC PRIEST? _____

13. NAME OF GODFATHER _____
First Middle Last

14. TELEPHONE NUMBER OF GODFATHER () _____

15. IS GODFATHER BAPTIZED CATHOLIC? YES ___ NO ___

FIRST COMMUNION? YES ___ NO ___ CONFIRMED? YES ___ NO ___

SINGLE ___ MARRIED __, IF MARRIED, IS HE MARRIED BY A CATHOLIC PRIEST? _____

16. WAS THE CHILD BAPTIZED PREVIOUSLY IN AN EMERGENCY? YES ___ NO ___

I AM CURRENTLY A PRACTICING CATHOLIC YES NO

I HAVE READ THE ABOVE STATEMENTS AND DECLARED THEM TO BE TRUE.

X _____