For Office Use Only

Pre-Baptism Class Date _____

Baptism Date _____

Registration Fee _____(Cash / Check / Credit)

Date Received _____ Receipt # _____

Your Choice:

Class Date: _____ Baptism Date: _____

Child's Birth Certificate (copy): [ ]

Parent Consent: [Yes] or [No]

Letter of Permission to Baptize [Yes] or [No]

Holy Family Catholic Church

18708 S. CLARKDALE AVE.
ARTESIA CA 90701
(562) 865-2185

Baptism Registration Form

(Male) / (Female) *Name of Child: _____ _____ Age: _____
First Name: Last Name:

Address: _____ Apt. _____ City _____ Zip _____

Home Phone: _____- _____ Work Phone: _____- _____

Child's Birth: _____ City & State of Birth: _____
Month \ Day \ Year City & State

*** PARENTS * PLEASE CIRCLE THE ANSWER ON THE FOLLOWING QUESTIONS:**

Parents Registered at Holy Family Church? [Yes] or [No]
Married in the Catholic Church? [Yes] or [No]
Living together without marriage? (Yes) or [No]
Are Parents Registered at any church [Yes] or [No]
Are Parents Married civilly? [Yes] or [No]
If single parent: Which parent is requesting the baptism? [Father] or (Mother)
**(If not living together a letter of permission is required from the other parent).*

Father's First Name: _____ Last: _____ Age: _____

Is the father baptized Catholic? [Yes] or [No] Received First Communion [Yes] or [No] Confirmed? [Yes] or [No]

Mother's First Name: _____ Maiden Name: _____ Age: _____

Is the mother baptized Catholic? [Yes] or [No] Received First Communion [Yes] or [No] Confirmed? [Yes] or [No]

Consent for Child's Name to be Printed in Church Bulletin: (Yes) or (No) _____
Signature of *Father / Mother*

*** GODPARENTS *** Are the godparents registered at Holy Family Church? [Godfather – Yes /No) and (Godmother – Yes / No)

Godfather's Full Name _____ Age: _____

Home Address _____ Telephone _____ -_____

Godfather baptized Catholic? (Yes] or [No] Received First Communion? [Yes] or [No] Confirmed Verification
Godfather Single? (Yes] or [No] Living together without marriage? [Yes] or [No] [Yes] or [No]

If not single what is his Marriage status:

Married in the Catholic Church [Yes] or [No] If so, please provide Marriage Verification (Yes] or [No]

Godmother's Full Name _____ Age: _____

Home Address _____ Telephone _____ -_____

Godmother baptized Catholic? [Yes] or [No] Received first Communion? [Yes] or [No] Confirmed Verification
Godmother Single? [Yes] or [No] Living together without marriage? [Yes] or [No] [Yes] or [No]

If not single what is her Marriage status:

Married in the Catholic Church [Yes] or [No] If so, please provide Marriage Verification (Yes] or [No]

*** PRIEST APPOINTMENT:** Date: _____ Time: _____

Priest Name: _____ Signature: _____

***BAPTISM CELEBRATION:**

Signature of Celebrant *(Priest or Deacon)* _____