

*Church of Saint John the Evangelist*

5751 LOCUST AVENUE  
CARMICHAEL, CALIFORNIA 95608-1320  
(916) 483-8454

**BAPTISM REGISTRATION FORM**

PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD TO BE BAPTIZED

FULL NAME OF CHILD: \_\_\_\_\_

CITY AND STATE OF CHILD'S BIRTH: \_\_\_\_\_

DATE OF CHILD'S BIRTH: \_\_\_\_\_

FATHER --- FIRST AND LAST NAME: \_\_\_\_\_

--- CATHOLIC?  YES  NO

MOTHER --- FIRST AND MAIDEN LAST NAME: \_\_\_\_\_

--- CATHOLIC?  YES  NO

PARENTS' ADDRESS: \_\_\_\_\_

PARENTS' TELEPHONE NUMBER: \_\_\_\_\_

PARENTS MARRIED IN THE CATHOLIC CHURCH?  YES  NO

FAMILY REGISTERED AT THIS PARISH?  YES  NO

GODFATHER --- FIRST AND LAST NAME: \_\_\_\_\_

--- CATHOLIC?  YES  NO

GODMOTHER --- FIRST AND LAST NAME: \_\_\_\_\_

--- CATHOLIC?  YES  NO

SCHEDULED DATE OF BAPTISM \_\_\_\_\_ TIME \_\_\_\_\_

NOTES:

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*CHURCH USE ONLY*

*DATE OF PREPARATION SESSION* \_\_\_\_\_

*DATE OF BAPTISM* \_\_\_\_\_ *BAPTIZED BY* \_\_\_\_\_