

BAPTISM INQUIRY FORM

Today's Date: _____

Family Name: _____

Are you registered members of Mission San Juan Bautista? **YES NO**
(If your family is not registered, but lives in San Juan Bautista, you are invited to register and begin using weekly collection envelopes)

IF YOU ARE REQUESTING TO HAVE YOUR CHILD BAPTIZED FROM OUTSIDE YOUR LOCAL PARISH, PLEASE EXPLAIN WHY. (Your pastor's permission must be obtained in writing and submitted with form.)



FAMILY INFORMATION

Father's Name (first, last)

Mother's Name (first, and *maiden name*):

Parents' Religion: **Father** _____ **Mother** _____

Are parents married? **YES NO**

If married, are parents married in the Catholic Church? **YES NO**

CHILD TO BE BAPTIZED (taken from Birth Certificate) If over 7 years old, please call 623-4178.

Name: _____
(First, Middle, Last)

Date of Birth: _____

City & State of Birth: _____

Residence Address: _____

Mailing Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

GODPARENTS

As expressed in Church law, both Godparents need to be:
Practicing Catholics, have received the Sacrament of Confirmation, are over the age of 16 years old,
if married have been married in the Catholic Church and are in good standing with the Church.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

GODFATHER'S Name: _____

GODMOTHER'S Name: _____

CHRISTIAN WITNESS (if applicable)

*A Christian Witness is "a baptized person who belongs to a non-Catholic ecclesial community."
(A Catholic person who is not confirmed is not considered a Christian Witness)*

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

Name: _____ Age: _____

Address: _____ Telephone #: _____

Religion: _____ Date of Baptism: _____ Church: _____

ALL PAPERWORK MUST BE SUBMITTED TO THE PARISH OFFICE BEFORE A DATE OF BAPTISM CAN BE SCHEDULED.

OFFICE USE ONLY:

Donation paid: _____ Date: _____

Baptism Date is scheduled for: _____ Priest: _____