

# SS. PETER AND PAUL CHURCH

4450 GRANITE DRIVE, ROCKLIN, CALIFORNIA 95677

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## REQUEST FOR BAPTISM

**Important Note:** The following items must be submitted with this form.

Verification that the parents have attended a preparation class within 3 years

Verification that at least one godparent has attended a preparation class within 3 years

**Please Print Clearly!**

REQUESTED DATE OF BAPTISM \_\_\_\_\_ (Month/Day/Year)

CHILD'S FULL GIVEN (LEGAL) NAME \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ (Month/Day/Year)

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

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GODPARENTS (Only one is required. If two are chosen, please list one male and one female)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**BAPTISM BY IMMERSION IS CUSTOMARY IN THIS PARISH.**

Please check here if you prefer pouring.

For Office Use Only:  Godparent Preparation \_\_\_\_\_  Parent Preparation Class \_\_\_\_\_

Officiant: \_\_\_\_\_ Registered Parishioner:  Yes  No

PDS:  Church  Faith Formation  Baptismal Register  Copy to Faith Formation Office