



# SAINT ELIZABETH ANN SETON CATHOLIC COMMUNITY

1835 Larkvane Road  
 Rowland Heights, CA 91748  
 (626) 964 - 3629

## CHILD BAPTISM REGISTRATION FORM

**\*\*PLEASE PRINT ALL INFORMATION CLEARLY\*\***

I have discussed and REVIEWED the necessary requirements with the Parish Staff/Baptism Ministry Team, in order to Baptize my child.			SIGNATURE OF PERSON COMPLETING REGISTRATION FORM		DATE FORM COMPLETED
CHILD'S FIRST NAME	MIDDLE NAME	LAST NAME		CURRENT AGE	GENDER MALE      FEMALE
CHILD'S DATE OF BIRTH	PLACE OF BIRTH (CITY)		STATE		
FATHER'S FIRST NAME	FATHER'S LAST NAME		RELIGION		DATE OF BIRTH
MOTHER'S FIRST NAME	MOTHER'S LAST NAME		MAIDEN NAME (IF MARRIED)	RELIGION	DATE OF BIRTH
HOME ADDRESS		CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER		CELL TELEPHONE NUMBER		WORK TELEPHONE	
EMAIL ADDRESS OF MOTHER			EMAIL ADDRESS OF FATHER		
ARE YOU CIVILLY MARRIED? YES      NO	WERE YOU MARRIED IN A CATHOLIC CHURCH? YES      NO	PLACE/CHURCH WHERE YOU WERE MARRIED			STATE
<input checked="" type="checkbox"/> BY THIS BOX BEING CHECKED, IT INDICATES THAT THE PARENTS & GODPARENTS HAVE RECEIVED ALL THE INSTRUCTION NECESSARY TO BAPTIZE WITHIN OUR PARISH.			INSTRUCTED BY		DATE
GODFATHER'S FIRST NAME	GODFATHER'S LAST NAME		RELIGION		ROUTINELY ATTENDS CHURCH? YES      NO
GODMOTHER'S FIRST NAME	GODMOTHER'S LAST NAME		RELIGION		ROUTINELY ATTENDS CHURCH? YES      NO
EMAIL ADDRESS OF GODMOTHER			EMAIL ADDRESS OF GODFATHER		
<b>OFFICE USE ONLY</b>					
PERSON ACCEPTING REGISTRATION FORM			DATE		OFFICE NOTES
INFANT BAPTISM CLASS DATE	PROCESSED BY		BAPTISM DATE SELECTED		DATE INFO ENTERED
<b>CLASS ATTENDEE'S</b>	FATHER YES      NO	MOTHER YES      NO	GODFATHER YES      NO		GODMOTHER YES      NO
SACRAMENT CERTIFICATES VERIFIED FOR	FATHER YES      NO	MOTHER YES      NO	GODFATHER YES      NO		GODMOTHER YES      NO
BAPTISM RECORDED IN PARISH BOOK BY		BOOK NUMBER		PAGE NUMBER	