



St. Mary's Catholic Church

(661) 947-3306 Fax: (661) 947-8687

Baptism Request Form

FOR OFFICE USE ONLY

Baptism Date: _____
 Priest/Deacon: _____
 Page: _____
 Recorded By: _____
 Donation: _____

Today's Date: ____ / ____ / ____

Please bring the following to your meeting:

- Child's Birth Certificate
- Suggested \$50 Donation

Please print full legal names:

Child's name: _____
 First Middle Last

Date of birth: ____ / ____ / ____ Place of birth: _____
 City State

Mother's name: _____
 First Middle Last

Father's name: _____
 First Middle Last

Address: _____
 Street City State Zip Code

Mobile phone: (____) _____ Home/Work phone: (____) _____

FOR OFFICE USE ONLY

Godfather: _____
 First Middle Last

Phone: (____) _____
 Sacrament needed: _____

Godmother: _____
 First Middle Last

Phone: (____) _____
 Sacrament needed: _____

Class Date: _____

People Attending Class: _____