



Baptismal Register

Saint Luke the Evangelist Catholic Community



Pastoral Office: 5605 Cloverly Avenue, Temple City, CA 91780
 (626) 291-5900 + (626) 287-2332 FAX + www.stluketemplecity.org

Name of Child to be Baptized *(Please print)*

First:	Middle:	Last:
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Address:	Phone:
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City/State/Zip:	Cell Phone:
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E-mail Address:

Date of Birth:	City of Birth:
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Was the Child Adopted? Yes No

Was the child baptized at home, in the hospital or in an emergency? Yes No

Father's Full Name:	Religion:
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Mother's Full MAIDEN Name:	Religion:
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Married? Yes No By a Priest/Deacon? Yes No

If Yes, Name of Church:	City/State or Country:
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Is family registered in St. Luke Catholic Community? Yes No

If No, where are you registered? Church Name:	City:
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Please review "Baptism Sponsor Form" for qualifications.

Sponsor #1:	Religion:
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Sponsor #2:	Religion:
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OR / Christian Witness:	Religion:
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Forms and Baptism donation should be returned to the Pastoral Office before Baptism is scheduled. Thank you.

(Office Use Only)

Baptism Date: _____ By: _____

Baptism Donation - \$100.00 Paid Yes No