



# 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:
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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?	
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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 ) \$150.00    Paid \_\_\_Yes \_\_\_No