BAPTISMAL INFORMATION

St Anthony of Padua Church / School

Please Note: Completion of this form confirms your request of Infant Baptism to be performed in ENGLISH.

CHILD'S FULL NAME: (FIRST) (MIDDLE) PLACE OF BIRTH:	(LAST)		SMAL DATE:	SAT @ 9:00am SUN @ 2:30pm: ΓΗDATE:	
Note: Only the parents, father and/or mother, should register their ch If one parent is not Catholic, he or she must agree to the Catholic Ba				holic Church.	DATE OF BAPTISM CLASS:
	Registered Martial Parishioner Status	Church & City of Marriage	Catholic	Other	
Father:	Y/N		_ Y/N _		
Mother: MAIDEN NAME Address:					Parents and Godparents are re- quired to fulfill the Parish program con-
Phone # (Home/Work) (Mobile)		(E-Mail)		cerning Baptism Preparation.	
Note: Godparents must be Catholics and if married, they MUST They must have their sacraments of INITIATION and be at leas	t 16 years of age. Catholic	Sacrament of Confirmation	Marital Status in church	Other	
Godfather /Christian Witness: Contact #	Y / N	Y / N	Y/N		
Godmother/Christian Witness: Contact #	Y/N	Y/N	Y/N		
I, the Mother and/or the Father of this child request/approve his/her baptism at St Anthony of Padua Church-Fresno, CA. I /we also declare that I/we read and understood the requirements for Infant Baptism and agree to the Catholic Baptism and also agree to the Catholic upbringing of my/our child. Mother's Signature: Date: Father's Signature: Date: Date: Date: Date: Date: Date: Date:					
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FORM COMPLETED:/ BY: BIRT				CASH / CH	
CERTIFICATE PREPARED:/					
DATA ENTRY IN BAPT. REGISTER: / / BY:	N°		DATA ENTRY	IN PCH:/	/BY