

St. Peter & St. Paul Catholic Church
9135 Banyan Street
Alta Loma, CA 91737
(909) 980-9423 FAX (909) 980-9404
Infant Baptism Information Sheet

OFFICE USE ONLY

DATE OF BAPTISM: _____ TIME: _____
_____ 9 a.m. / 10:30 a.m.

PLEASE PRINT ALL INFORMATION

FAMILY REGISTRATION # _____ (Baptism date may be postponed if # not provided)

NAME OF CHILD _____
FIRST MIDDLE LAST

STREET ADDRESS _____

CITY _____ ZIP _____ TELEPHONE _____

CHILD'S DATE OF BIRTH _____ CITY/STATE OF BIRTH _____

NATURAL FATHER'S NAME _____
FIRST LAST

FATHER'S RELIGION _____ PRACTICING: YES _____ NO _____

BIRTH MOTHER'S NAME _____
FIRST MAIDEN NAME *

MOTHER'S RELIGION _____ PRACTICING: YES _____ NO _____

MARRIED: YES _____ NO _____ MARRIED BY A PRIEST: YES _____ NO _____

GODFATHER'S/WITNESS'S NAME _____
FIRST LAST

GODFATHER'S/WITNESS'S RELIGION _____ PRACTICING: YES _____ NO _____

GODMOTHER'S/WITNESS'S NAME _____
FIRST LAST

GODMOTHER'S/WITNESS'S RELIGION _____ PRACTICING: YES _____ NO _____

***BIRTH MOTHER'S MAIDEN NAME MUST BE PROVIDED, AS IT IS RECORDED IN THE PARISH REGISTER**