

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 # _____

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 MOTHER'S 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 _____

***MOTHER'S MAIDEN NAME MUST APPEAR ON THIS FORM; IT IS RECORDED IN THE PARISH REGISTER**