

Office Use OnlyType of Baptism: ☐ Group; ☐ Rite, Private, Outside of the Mass; ☐ Rite, Private, Within the Mass

Date of Baptism: _____

Time (if private): _____

Our Lady of the Rosary Church

703 "C" Street, Union City, CA 94587

(510) 471-2609

Pre-Baptismal Registration*for children under 7 years of age***Instructions:**

- This form is used to register children under seven (7) years of age. Children seven years and older will register in the parish Faith Formation Program in order to receive the Sacrament of Baptism.
- Complete one form per child.
- Please submit the following with this completed form:
 - A copy of the child's birth certificate (we can make a copy at the office)
 - The donation to the church
 - For a Baptism in a group setting, a registration fee of \$75.00 per child.
 - For a private Baptism outside of Mass, \$250.00.
 - For a private Baptism and Mass, a \$400.00 donation and registration fee of \$75.00 per child. (Cash, Check, Credit and Debit cards are accepted).

Requirements:

- Both Parents and Godparents must attend a pre-Baptism preparation class online via ZOOM.
- Private Baptisms are provided subject to availability. They are typically held on Saturdays at either 10:00 a.m., 12:00 p.m., 2:00 p.m. and 4:00 p.m.
- For private Baptisms, a \$100.00 deposit is required to reserve the date, and payment must be made in full no less than two weeks before the date of the Baptism.

LANGUAGE THAT YOU WOULD LIKE FOR THE BAPTISM TO BE IN: ☐ English; ☐ Spanish**TYPE OF BAPTISM YOU WANT:** ☐ In Group; ☐ In Private, Outside of Mass; ☐ In Private, with Mass

If you chose "In Group" above, what date would like to request for the Baptism? ____/____/____

*Refer to the sheet entitled "Baptism Schedule." Date not guaranteed until all requirements are met.***INFORMATION ON YOUR CHILD:**Child's Name _____
Last First, MiddleDate of Birth ____/____/____
Month Day YearPlace of Birth _____
City State Country (e.g. US, Mexico, etc.)Has this child ever been baptized un an emergency? ☐ Yes; ☐ No; If "YES," complete the following:Date: ____/____/____ Place: _____
Month Day Year Hospital or Church Name, City, State, Country

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PARENT/GUARDIAN INFORMATION:

Mother's Name _____
Last First, Middle

Address _____
Number, Street, Apartment # City State Zip Code

Phone _____

Email _____

Religion _____

Father's Name _____
Last First, Middle

Address (If different from above) _____
Number, Street, Apartment # City State Zip Code

Phone _____

Email _____

Religion _____

GODPARENT INFORMATION:

Godparent qualifications:

- Godparents must be 16 years or older.
- Your child can have either one or two Godparents. If you choose to have two Godparents, one must be female and the other male.
- At least one Godparent must be a practicing Catholic who has received the Sacrament of Confirmation.
- If a pair of Godparents are living together in the same household, they should either be married in the Catholic Church or be in the process preparing for marriage in the Church.

Godparent's Name _____
Last First, Middle

Godparent's Name _____
Last First, Middle

RETURN COMPLETED FORM and birth certificate in person at the Parish Office or by scanning and e-mailing it to dmarquez@olrchurch.org You may make the donation at www.olrchurch.org/bp

Office Use Only

Birth Cert. _____ Donation Amount Paid _____ Date ____/____/____ Form of Payment _____

Parents' Class ____/____/____
Date

Godparents' Class ____/____/____
Date