

OUR DIVINE SAVIOR CATHOLIC CHURCH

566 E. Lassen Ave., Chico, CA 95973

530-343-4248

BAPTISMAL INFORMATION

Candidate's Full Name: _____ **Gender:** M F

Date of Birth: _____

Place of Birth (city and state or country): _____

Was the candidate adopted? Y N **Was the candidate previously baptized?** Y N

Family Address: _____

_____ **Phone:** _____

Father's Full Name: _____

Catholic? Y N

Mother's Full Name (Maiden Name): _____

Catholic? Y N

Parents married in a Catholic Church? Y N *if yes, Church name & city, state (country)*

Godparent's Full Name: _____

Godparent's Full Name: _____

NOTE: At least one godparent must be a practicing Catholic.

Presider: Fr. R. Francis Stevenson____ Dcn. James Burkett ____ Dcn. David Kraatz____ Other____

Private Baptism____ **Date/Time**____ **Private Baptism Donation**_____

Group Baptism: Month _____

Parents/God Parents Class scheduled date _____ **Other than ODS**_____

Baptism Donation_____

Check payable to Our Divine Savior