



ST JOHN EVANGELIST PARISH, ENCINITAS, CA.
BAPTISMAL INTAKE AND DATA REGISTER FORM

CHILD'S INFORMATION

CHILD'S FULL NAME _____
LAST FIRST MIDDLE NAME

BOY ___ GIRL ___

RESIDENCE: _____

CITY _____ ST _____ ZIP _____ PHONE _____

EMAIL: _____ OTHER PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

Was the child adopted? YES ___ NO ___ Was the child privately baptized? YES ___ NO ___

REQUESTED BAPTISM DATE: _____ PLACE OF BAPTISM: Saint John ___ Other _____

PARENTS

FATHER'S NAME: _____ RELIGION: _____
LAST FIRST MI

MOTHER'S NAME: _____ RELIGION: _____
LAST (MAIDEN) FIRST MI

ARE PARENTS MARRIED? YES ___ NO ___ IN THE CATHOLIC CHURCH? YES ___ NO ___
WHERE? _____

PARISH WHERE PARENTS(S) IS /ARE REGISTERED _____

GODPARENTS

GODFATHER'S NAME: _____ RELIGION _____

Is he a practicing Catholic? (Attends Mass regularly) YES ___ NO ___

Did he receive his sacraments of Confirmation? _____ Eucharist? _____

In what parish is he registered? _____

Attend class? YES ___ NO ___ Where attended _____

GODMOTHER'S NAME: _____ RELIGION _____

Is she a practicing Catholic? (Attends Mass regularly) YES ___ NO ___

Did she receive her sacraments of Confirmation? _____ Eucharist? _____

In what parish is she registered? _____

Attend class? YES ___ NO ___ Where attended _____

Are either Godparents represented by Proxy?

OFFICE USE ONLY

PRINT NAME OF CLERGY INTERVIEWING PARENTS: _____

Mother ____, Father ____, have stated that they will bring their child up in the practice of the Catholic Faith.

SIGNATURE OF CLERGY: _____ DATE: _____

PRESIDER: _____ DATE: _____