

Saint Patrick Catholic Parish
3585 30th Street
San Diego, CA 92104-4142

Baptism Registration Form

Name of Child _____

Address _____

City

State

Zip-Code

Phone (hm) _____ (wk) _____

Place of Birth _____

City

State

Country

Date of Birth _____

Month

Day

Year

Date of Baptism _____

Month

Day

Year

Father's Name _____ Catholic?
First Last Yes No

Mother's Name _____ Catholic?
First Maiden Yes No

Godfather _____ Catholic?
First Last Yes No

Godmother _____ Catholic?
First Last Yes No

Are you registered at St. Patrick's? Yes No Envelope #: _____

Celebrant: _____

Baptism Class Attendance Date: _____

Letter of Permission to Baptize at Saint Patrick's

St Pat SAHS Ch Eng Span Bap Reg # _____ PDS Cert

Sat or Sun: _____

Time: _____

Date: _____

Stipend due \$ _____

Fee to change date / Cambio de Fecha \$20 _____

Online