

Fee Paid \$50.00 _____

Date of Baptism: _____

BAPTISM REGISTRATION

ST. ELIZABETH ANN SETON CATHOLIC CHURCH
12300 Reina Road * BAKERSFIELD, CA 93312
(661) 587-3626

Child's full name: _____

Date of birth: _____ City of birth: _____

Father's name: _____

Father's religion: _____

Mother's name (maiden): _____

Mother's religion: _____

*** A copy of the child's birth certificate is required to schedule a baptism ***

Parents' Marital Status: _____ Married in the Catholic Church

_____ Married civilly or in another church

_____ Not married

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

GODPARENTS ~ at least one godparent must be Catholic-designate by *

_____/_____

_____ Class _____ Confirmation Cert. _____ Class _____ Confirmation Cert.

-----Office use only-----

Date of Baptism: _____ Priest or Deacon: _____