## **REQUEST FOR THE BAPTISM OF A CHILD UNDER AGE 7**

Child:				Sex: M	F
Last	First	N	liddle		
Date of Birth:	Place of E	Birth:			
		C	ity & State (& Countr	ry if not U.S.)	
Father:	First		NA: al all a		
	FIISL		Middle		
Mother: Maiden Name	First		Middle		
Address:					
Street	City & State	Zip Code	e-mail Address		
Telephones:Residence					
Residence	Father	Father's cell Mother's cell		cell	
Parish where you are registe	ered:				
If you are not registered in a		ty & State if not in the	Diocese of San Dieg	10	
In which community do you	livo:				
	For example, Pe	ñasquitos. Include C	ty & State if not in Sa	an Diego	
Our Lady of Mount Carmel Parisl requirements of that parish. If Baptism of your child we ask yo which you will regularly attend.  Godparents To serve as a Godparent, a per Baptism, Confirmation and Euch	you are not registered ou to register in Our Lad	in a parish, as during the depth of Mount Carn or older, must ha	part of the prep nel Parish or in we received the	aration for another pa	the arish
married, have received the Sacra one must be male and one fer Godparents; however, only the non the Baptism Certificate. If or proxies. A person who does not Godparent who meets the require	male. We recognize the distance of the primary Goone or both Godparents to meet the requirements	nat in some cultu dparents will appe cannot be preser	ures there are rear in the Baptism at, they can be r	more than n Register epresented	two and d by
Godparent:		Religio	n:		
Godparent:		Religio	n:		
Proxy Godparents:		_			
Adoption Information (This is	required for the Baptism	al Register which	is a legal docum	nent.)	
Has this adoption been finalized	d? Yes No				
If not final, the child's legal nam form. After the adoption is final reflect the adoptive parents and	I, notify the parish and th	e entry in the Bap	tism Register wi	II be altered	d to
Previous Baptism (If your child	d was baptized previous	y, please give da	e, place and circ	cumstances	s.)

Parents' Religious / Sacramental History									
		Father		Mot	Mother				
Current Religion									
Baptism		Yes	No	Yes	No				
What religion administered your Baptism?									
Catholic Confirmation		Yes	No	Yes	No				
Catholic Eucharist (Communion)		Yes	No	Yes	No				
Catholic Reconciliation (Confession)		Yes	No	Yes	No				
Marriage Who witnessed your marriage?  ———————————————————————————————————									
If Catholic, what church?		place?							
name of priest or deacon?	date?								
Children (start with oldest)  Name Age Baptism1st Communion Confirmation Name Age Baptism1st Communion Confirmation Name Age Baptism1st Communion Confirmation How often do you attend Sunday Mass? weekly times a month times a year Why?  How else are you involved in your parish family?  Why do you want your child to be baptized?									
Signature of Father:Signature of Mother:				ate: te:					
Baptism Preparation Session Parish:		Da	ite:						
Pastor or Designated Staff Member				Date					
I baptized this child: Priest / Deacon				 Date					