

Baptismal Record Form
San Francisco Solano Catholic Church

Today's Date _____ Parish ID#: _____

Name of Child _____ [M/F] _____

Date of Birth _____ Place of Birth (City/State) _____

Was the child adopted? _____ (If yes, please provide a copy of final adoption papers.)

Is this the first child baptized at SFS? _____ Yes _____ No

Birth Order of Child _____ Was the child privately baptized? _____

Name of Father _____ Religion _____

(First) (Last)

Name of Mother _____ Religion _____

(First) (MAIDEN)

Are you married in the Roman Catholic Church? _____ Yes _____ No

(If you are not married in the Catholic Church, please refer to the attached document, "Marriage in the Roman Catholic Church.")

Family Street Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

Sponsors (Godparents) must be Roman Catholic. (You may choose one or two Catholic Sponsors who meet the criteria for Sponsors (Godparents). If you choose two, one must be male, and the other female. **(Please refer to attached Guidelines.)**)

(Sponsor's Name)

(Sponsor's Name)

(A baptized non-Catholic may stand with a Catholic Sponsor (Godparent) as a Christian Witness to the Baptism, but not as a Sponsor (Godparent)).

Christian Witness: _____

(Name)

(Religion)

Is either Sponsor represented by a proxy? _____

Name of Proxy _____ for _____

For Office Use Only

Met with Parochial Vicar/Deacon _____ Permission granted to Attend Baptism Class _____

Attended Baptism Class: _____

Date of Baptism: _____ Baptized by: _____

Remarks: _____

PDS: _____

CERTIFICATE: _____

REGISTER: _____