O Toyopa Drive • Pacific Palisades, CA 90272 Phone 310-454-1328 • Fax 310-573-5021

BAPTISM REGISTRATION FORM

Please print clearly, informa			the Church Register.	
Child's Full Name:		Middle	Last	
	City of Birth			
Father's Name:	Religion of Father:			
Sacraments Received: □ Baptism □	1st Communion	□ Confirmation	□ Marriage □	Civil Marriage
Mother's Name:	Religion of Mother:			
Mother's Maiden Name:	Phone No			
Sacraments Received: □ Baptism □	1st Communion	□ Confirmation	□ Marriage □	Civil Marriage
Family Address:Street		City	State	Zip
Email Address:				
Are you registered at Corpus Christi	Yes No	- If No, what paris	sh	
Have you had a Baptismal Class?	Yes No	- If Yes, where		
Was the child adopted?	Yes No	- Was the child pr	ivately baptized?	Yes No
You must have at least	One Practici	ng Catholic as a	Godparent.	
Godparent:		Godparent:		
Religion:		Religion:		
*Proxy:		*Proxy:		
*If the Godparent cannot be present at				
Requested Date of Baptism:				
Name of Priest:				
A \$100 Administrative Fee is r	_	_	=	
	— Church Us			
Interview Date:	Recorded:	Ce	Certificate Sent:	
Interviewed By:	_		·	