



St. Andrew Catholic Church
 1571 Southgate Ave. Daly City, CA 94015
 Telephone (650) 756-3223 Fax: (650) 756-0251

Infant Baptismal Registration Form

PLEASE PRINT:

Child's Full Name: _____
 Date of Birth: _____ Place of Birth (City, State): _____
 Father's Full Name (First/Middle/Last): _____
 Mother's Full Name (First/Middle/Last): _____
 Mother's Maiden Name: _____
 Address: _____
 Cell Phone: _____ Home Phone: _____

How are you practicing your faith?

Religion of Father: _____ Frequency: *Always/Sometimes/Not At All*
 Religion of Mother: _____ Frequency: *Always/Sometimes/Not At All*

Marital Status:

Date of Marriage (If married): _____
 ___ Married in the Catholic Church – Name of Catholic Church _____
 ___ Married in church other than Catholic
 ___ Married only Civilly
 ___ Married (Other): _____
 ___ Divorced or Separated
 ___ Widowed
 ___ Not Married
 ___ Single Parent

List names & ages of other children:

Are you registered in the parish? ___ Yes ___ No

If not, please state your reason for baptizing your child at St. Andrew:

Names of two Primary Godparents:

Godparent #1: _____
 Telephone: _____ Parish: _____
 How are you practicing your faith? ___ Always ___ Sometimes ___ Not at all
 Godparent #2: _____
 Telephone: _____ Parish: _____
 How are you practicing your faith? ___ Always ___ Sometimes ___ Not at all

FOR OFFICE USE

Date Received _____
 Parish Reg ___ Yes ___ No
 Interview Date: _____

Attended Interview ___ Y ___ N
 Class Schedule _____

Attended Class ___ Y ___ N
 Classes Waived? ___ Y ___ N
 Reason, if yes: _____

Registration Fee Paid _____
 ___ Cash ___ Chk (# _____)

Receipt # _____

Baptismal Donation _____
 ___ Cash ___ Chk (# _____)

Receipt # _____

Baptismal Garment

Candle

Presider Donation _____

Godparents

Godparent 1
 -Letter of Good Standing _____
 -Godparenting Class _____

Godparent 2
 -Letter of Good Standing _____
 -Godparenting Class _____

Baptism Date _____

Time _____

___ Temporary until Req. fulfilled

___ Confirmed Date

Minister _____

Baptism Register _____

Follow Up/Remarks: