



St. Anthony Church

925-625-2048 / parish@stanthonyoakley.com

stanthonyoakley.com

BAPTISM REGISTRATION FORM

CHILD INFORMATION

NAME OF CHILD: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PARENTS INFORMATION

HOME ADDRESS: _____

FATHER'S NAME: _____

CATHOLIC NON-CATHOLIC

PHONE NUMBER: _____ E-MAIL: _____

MOTHER'S NAME: _____

CATHOLIC NON-CATHOLIC

PHONE NUMBER: _____ E-MAIL: _____

GODPARENTS INFORMATION

GODMOTHER'S NAME: _____ PHONE NUMBER: _____

GODFATHER'S NAME: _____ PHONE NUMBER: _____

NOTE: IF FOR ANY REASON THE FAMILY DECIDES TO CANCEL OR TO BAPTIZE IN A DIFFERENT CHURCH, THE FEE WILL NOT BE REIMBURSED.

PARENT'S SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

BAPTISM DATE: _____ TIME: _____

CLASS DATE: _____

TODAY'S DATE: _____

PERSON FILLING OUT THE FORM: _____