Guardian Angels Catholic Church

9310 Dalehurst Rd. Santee, CA 92071 619-448-1213

BAPTISMAL REGISTRATION FORM				Donation paid _	
Name of Child:				M or F	
	(first) (middle) (last) City/State of Birth:				
Parents' Home Ad	ddress:				
Phone/Email:	(street)		(city/st)	(zip)	
	(home/cell)		(email address)		
Father's Name: _ Religion:	(first)	(middle)	(last)	 	
Mother's Name: _	(first)	(middle)	(<u>maiden</u>)		
Religion:					
Parents married?		Civilly or	in Catholic Church? _		
If married in Catho	olic Church,	name of Churc	h:		
Parents registered	d at Guardia	an Angels?	Active member	s?	
Godfather's Name	e:				
Godfather's Name	(first)	(middle)	(last)		
Address: (stre	eet)		(city/state)		
Active member of	a Catholic	Church?	if so, name:		
Religion: <u>Catholic</u>	<u>c</u> Single	Married	_ married in Catholic C	hurch?	
Confirmed?		Represente	ed by proxy?		
Godmother's Nam					
Address:		(middle)	(last)		
	(street)		(city/state)		
Active member of a Catholic Church?		Church?	if so, name:		
Religion: Catholic	<u>c</u> Single	Married	_ married in Catholic C	hurch?	
Confirmed?		Represente	ed by proxy?		
Baptismal Semina	ar Date:	Ter	ntative Baptism date: _		
Actual Baptism Da	ate:	Perfoi	med By:		

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Please use space provided to state why you want to have your child baptized in the Catholic Church: Father: Mother: ~~~~~~to be completed by interviewer~~~~~~~~~~ Interviewer: _____ Date: ____ Status: Active parishioners ready for seminar_____ New parishioners ready for seminar _____ Reminded of Sponsors' Eligibility forms _____ Donation explained Enroll in RCIA/Returning Catholics _____ If yes, please list name _____ Blessing of marriage needed _____ Comments: -----for office use only-----Sacrament administered by: _____ Actual Date of Baptism: Record book #: _____ Date logged in book: _____

Date certificate mailed: _____

Bulletin announcement: