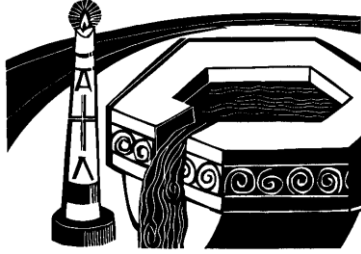


ST. JOHN VIANNEY CHURCH

1650 Ygnacio Valley Road
Walnut Creek, CA 94598
(925) 939-7911



Baptism Request and Registration Form

PLEASE PRINT AND COMPLETE BOTH SIDES OF THIS FORM

The information provided below is considered CONFIDENTIAL and is used only for communication purposes by this office.

Family Name _____

Family is registered in the parish Yes No If no: you will need to complete a parish registration

CHILD INFORMATION

Full Name as recorded on the Birth Certificate:

_____ Last

_____ First

_____ Middle

Date of Birth: _____ Male Female

Place of Birth: City: _____ State: _____ Zip Code: _____

FAMILY INFORMATION

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

PARENT/GUARDIAN INFORMATION

Relationship: _____
(Father, Stepfather, Grandfather, etc.)

Relationship: _____
(Mother, Stepmother, Grandmother, etc.)

Name: _____
FULL BIRTH NAME (First Middle Last)

Name: _____
FULL BIRTH NAME (First Middle Maiden)

Occupation: _____

Occupation: _____

Cell Phone: () _____

Cell Phone: () _____

Religion: Catholic Other Faith: _____

Religion: Catholic Other Faith: _____

Marital Status: Civil Church Divorced/
Single Widowed Separated

Child lives with: Both Parent Guardian
Father Mother

Please complete other side of form

GODPARENT INFORMATION

Godparent:	_____	_____	_____	Religion _____
	First	Middle	Last	
Godparent:	_____	_____	_____	Religion _____
	First	Middle	Last	

BAPTISM PREPARATION

Have you attended a Baptism Parent Preparation Session

Yes
 No

If yes: Parish: _____ City/State: _____

Month and Year: _____

Any questions? – Please contact Marie Walton at mwalton@sjvianney.org or 939-7911 Ext. 106

For Office Use Only:

Date Parent Preparation Session Completed _____

Date of Baptism _____

Presider _____