

St. Mary Magdalen Parish
2005 Berryman Street
Berkeley, CA 94709

Baptismal Information
(Please Print)

Child's Full Name: _____

Child's Birth Date: _____

Child's Place of Birth: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Godfather's Name: _____

Godmother's Name: _____

Family Address: _____

Phone: _____

Present Parish: _____

What month would you like to have your child baptized? _____

I UNDERSTAND THAT WHEN I BAPTIZE MY CHILD, I AM MAKING A COMMITMENT TO CATHOLIC PARENTING WITH GOD AND THE CHURCH COMMUNITY AS MY SUPPORT. I ACCEPT THE COMMITMENT TO RAISE MY CHILD IN THE CATHOLIC CHURCH. I WILL DO ALL I CAN TO PROVIDE RELIGIOUS EDUCATION AND TO MODEL MY FAITH BY THE CONSISTENT PRACTICE OF MY RELIGION.

Father's Signature

Date

Mother's Signature

Date

Filled in by Office:

Date and Time of Baptism

Priest's name _____

Have attended a Baptism class? Yes No