

BAPTISM

INFANT BAPTISM REQUEST FORM

Today's Date: _____

CHILD'S NAME: _____
First Name Middle Name Last Name

Please attach a copy of the Child's Birth Certificate or Adoption Papers

PARENTS' FULL NAMES:

Father: _____ Catholic __Yes __No
First Name Middle Name Last Name

Mother: _____ Catholic __Yes __No
First Name Middle Name Maiden Name

Address: _____
Number & Street Apt.# City and State Zip Code

Cell or Home Phone: _____

Email Address: _____

Parents' Marital Status: Married Single Separated Non-Married Couple
 Widowed Divorced

Parents' Parish: St. Paul the Apostle
Other (Name of Parish) _____

Non-Parishioners must bring a Letter of Permission from their own Parish.

Parents and Godparents must complete a Baptismal Preparation Course at lacatholics.org/baptism/

GODPARENTS: One or at most two Godparents may be chosen. Godparent must be at least 16 years old, confirmed and received First Communion. If there are two Godparents, one of them may be a baptized non-Catholic "Christian Witness."

1. _____ Catholic __Yes __No
First Name Middle Name Last Name

2. _____ Catholic __Yes __No
First Name Middle Name Last Name

**St. Paul the Apostle Catholic Community - 10750 Ohio Avenue - Los Angeles, CA 90024
(310) 474-1527 Email: parishoffice@sp-apostle.org**