

St. John Vianney Parish
Parent/Infant Baptismal Registration Form

10497 Coloma Road Rancho Cordova, CA 95670

Parish Office Ph. (916) 362-1385 Fax (916) 706-1135

Parish Website: sjvparish.com

Baptismal Intake Coordinator: Marilou Manela (916) 600-0337 email: baptism-infants@sjvparish.com

Submit **completed forms and required documentation** two (2) months before the Baptism class
(Please print neatly)

Today's Date: _____ Planned Baptism Date _____ Requirements due date _____

CHILD'S INFORMATION

Name of child to be baptized: _____ Male ___ Female ___

First Middle Last

Date of Birth _____ Is Child Adopted? Yes [] No []

If Yes, is Adoption Complete? Yes [] No []

Copy of Court-Decision Attached Yes [] No []

City, State, Country of Birth _____

Copy of the County-registered Birth Certificate Attached: Yes [] No []

PARENTS' INFORMATION

FATHER'S FULL NAME: _____

First Middle Last

Religion: _____ Place of Worship: _____ (other Parish Permission is required)

City, State, Country of Birth _____

Contact Info: Cell _____ Home _____ Email _____

Mailing Address: _____

MOTHER'S FULL MAIDEN NAME:

Religion: _____ Place of Worship: _____ (other Parish Permission is required)

City, State, Country of Birth _____

Contact Info: Cell _____ Home _____ Email _____

Mailing Address: _____

Are Parents married by a Catholic priest? ___ Yes ___ No

Godfather's Name: _____ Godmother's Name: _____

Proxy's Name: _____ Christian Witness: _____

Office use only:

Date of Pre-Baptism Class _____ Birth Certificate _____ Copy of Adoption Papers _____ Date of Baptism _____

Baptism Booklet given _____ Letter of Permission for Parents belonging to another Parish _____

Godparent(s) Reg Form _____ Catholic Marriage Certificate _____ Confirmation Certificate _____ Class Verification _____

Celebrant _____ Donation \$50 _____ Baptism Certificate given _____

Remarks: _____

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