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

Please Note: Parents must be registered 6 months at St. John Vianney before the Baptism

Submit completed forms and required documentation two (2) months before the Baptism

***PLEASE PRINT LEGIB	LY AND USE LEGAL NA	AMES AS WRITTE	N ON BIRTH	I CERTIFICATE**		
Today's Date:	Planned Baptism Date	Requir	ements due	date		
CHILD'S INFORMATION						
Name of child to be baptized:			Male	Female		
Yes	option Complete? [a	cision Attached? Court –Decision is a ecision is not attach llete	ed			
FATHER'S FULL NAME:	PARENTS' IN					
Religion:	First Place of Worship:	Middle	_ (other Parish F	Last Permission is required)		
City, State, Country of Birth						
Contact Info: Cell						
MOTHER'S FULL MAIDEN N	AME:					
First Religion:	Middle Place of Worship:	Last		iden Name ermission is required)		
City, State, Country of Birth						
Contact Info: Cell	Home	Email				

Mailing Address: ___

Are Parents married by a Ca	tholic priest?Yes	S No			
Godfather's Name: Godmother's Name:					
Proxy's Name:	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 Ca	tholic Marriage Certificat	e Confirmation Certificate _	Class Verification		
Celebrant	Donation \$50	Baptism Certificate given _			
Remarks:					
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