



MADONNA DEL SASSO CHURCH

320 E. Laurel Dr. Salinas, CA 93906 (831) 422-5323

REGISTRATION FOR BAPTISMS

Please bring a copy of a birth certificate of your child

CHILD'S INFORMATION

Name of the child: _____ Age: _____

Has the child been previously baptized? (example: emergency baptism) _____

PARENT'S INFORMATION

Name of the Father: _____ Religion: _____

Name of the Mother: _____ Religion: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cellphone: _____

GODPARENT'S INFORMATION

Name of the Godfather: _____ Religion: _____

Has the Godfather received the Sacrament of Holy Confirmation? Yes: _____ No: _____

Name of the Godmother: _____ Religion: _____

Has the Godmother received the Sacrament of Holy Confirmation? Yes: _____ No: _____

NOTE: *The name of the godparents will be typed from the proof of pre-baptismal class or registration.*

FOR CHURCH OFFICE USE ONLY

Documents Received On: _____ Received by: _____ Receipt #: _____ Vol: _____

Pre-Baptismal Class: Father _____ Mother _____ Godfather _____ Godmother _____ Page: _____

Name of Church: Father _____ Mother _____ Godfather _____ Godmother _____ Index: _____

Proof of Confirmation: Godfather _____ Godmother _____

Proof of Marriage Certificate: _____ Initials: _____

Date of Baptism: _____ Time: _____ **Revised: 03/17/21**