

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: _____
First Name Middle Name Last Name

Mother: _____
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 to the Preparation Session.*

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
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