Baptism Registration Form

Name of Child: _____ _____ _____
Last *First* *Middle*

Date of Birth: _____ Place of Birth: _____

Residence: _____
Street Address

_____ _____ _____
City *State* *Zip Code*

Phone #: _____

Email: _____

Father's Name: _____ _____ Catholic: Yes: _____ No: _____
First *Last*

Mother's **Maiden** Name: _____ _____ Catholic: Yes: _____ No: _____
First ***Maiden***

Church of Marriage _____ Name of Priest: _____

Godparents *: One must be a Catholic, the other may be a Baptized Christian.*

Godfather: _____ Faith: _____

Godmother: _____ Faith: _____

Send completed form to St. Theresa Church, Attn: Debbie Rubin, 30 Mandalay Road, Oakland, CA 94618

Contact Debbie Rubin for information on Baptismal Classes and Fee
510.547.2777 ~ debbie@sttheresaoakland.org

Office Use:

Date of Baptism: _____ Place of Baptism: _____

Priest: _____

Baptism Fee: Paid: **$**_____ Check #: _____ Date: _____

Baptism Class: _____ Date: _____