

Parish Center & Ministry Offices

BAPTISM REGISTRATION FORM

DATE OF INTERVIEW		INTERVIEWED BY		
INFANT INFORMATION All children to be baptized must be	e under six (6) years of	age.		
NAME OF CHILD				
PLACE OF BIRTH		DATE OF BIRTH	AGE	
PARENTS FIRST & LAST NAME OF FATHER	•		IS FATHER CATHOLIC?	
FIRST NAME OF MOTHER	MAIDEN NAME OF MOTHER		IS MOTHER CATHOLIC?	
ADDRESS	TELEPHONE			
CITY		STATE	ZIP CODE	
FATHER'S E-MAIL	THER'S E-MAIL		MOTHER'S E-MAIL	
ARE THE PARENTS MARRIED IN THE CATHOLIC CHURCH/		ARE PARENTS REGISTERED IN THE PARISH?		
not?) NAME OF GODFATHER NAME OF GODMOTHER		IS GODFATHER CATHOLIC?	TELEPHONE TELEPHONE	
NAME OF GODINOTHER		is godinother catholic?	TELEPHONE	
SUGGESTED DATE OF BAPTISM:				
PERMISSION If parents live outside the boundaries of				
Permission is hereby given to have the all Canoga Park, CA.	oovementioned Bapti	ism celebrated at Our Laa	y of the Valley Catholic Church in	
Church Seal:				
Name of Ch		nurch:	City:	
RECEIPT NUMBER:			CARD NUMBER(LAST 4):	
For OLV Office Use Only: Class Attended:	☐ ☐ Submitte Paid:	ed Copy of Birth Certificate	Non-parishioner's permission from	
Oldo / Moridodi	i did.		own Pastor attached.	