

**BAPTISM FORM Queen of Angels Catholic Church, 2569 W Victoria Dr Alpine, CA 91901 619-445-2145**

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Person to baptize** \_\_\_\_\_  
Last First Middle

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place \_\_\_\_\_

**Father** \_\_\_\_\_  
Last First Middle

Catholic? Y / N

**Mother** \_\_\_\_\_  
Last (Maiden) First Middle

Catholic? Y / N

Father and Mother Married? Y / N

Where/By whom? \_\_\_\_\_

Registered Parishioners? Y / N

**Home Address**

Street City State Zip

Phone Email

**Godparents** *(those Baptized & Confirmed Catholics, at least 17 yrs old)*

\_\_\_\_\_  
Last First Middle

Catholic? Y / N

\_\_\_\_\_  
Last First Middle

Catholic? Y / N

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Baptismal date requested**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Baptism Class Date**

Sacramental priest/deacon \_\_\_\_\_

Other Comments