



ST. ANNE BAPTISM APPLICATION FORM

850 Judah Street, San Francisco, CA 94122

Tel (415) 665-1600 Ext. 22 / Fax (415) 665-1603

Date of Baptism: _____ Time: _____

Name of the CHILD to be baptized: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

PARENTS

Father's Name: _____

Phone: _____ E-mail: _____

Religion: _____ Place of Birth: _____

Mother's Maiden Name: _____

Phone: _____ E-mail: _____

Religion: _____ Place of Birth: _____

Registered in the Parish: _____ If NOT, would you like to be registered: _____

Were parents married in the Catholic Church? _____

Have the parents attended a catechesis (class) on Baptism in the past? _____

GODPARENTS (Practicing Catholics)

Godfather's Name: _____

Has he attended a catechesis (class) on Baptism in the past? _____

Godmother's Name: _____

Has she attended a catechesis (class) on Baptism in the past? _____

To be filled out at time of the Baptismal Preparation Class

1. Parents/Godparents have attended meeting on: _____

2. The donation of \$ _____ has been received on this date: _____

3. (For Non-Parishioners) Has the Pastor at your parish granted permission for this
Baptism to be celebrated at St. Anne's? _____

Baptismal Catechesis Given By: _____

(For Office Use Only)

Minister of Baptism: _____

Recorded on: _____ By: _____

