



BAPTISM APPLICATION

3824 Mitchell Rd., Ceres, CA 95307
209-537-0516 ▪ stjudeceres.org

CHILD'S LAST NAME: _____

Child's Full Name: _____ Date of Application: _____

Father's Full Name: _____ Parish: _____

Mother's Full Name: _____ Parish: _____

Home Phone: _____ Cell phone: _____

Address: _____ City: _____ Zip: _____

Father to be present () YES () NO **Mother to be present** () YES () NO

If NO, please explain: _____

If one of the parents will NOT be present, a letter with an original signature is required for the one being absent, giving his/her permission to baptize the child. (see example)

SPONSOR'S FULL NAME: _____ Parish: _____

Single: () YES () NO Married in Catholic Church: () YES () NO 18 yrs or older: () YES () NO

SPONSOR'S FULL NAME: _____ Parish: _____

Single: () YES () NO Married in Catholic Church: () YES () NO 18 yrs or older: () YES () NO

Notes: _____

Father's Signature

Mother's Signature

Date

Office Use Only:

- Sponsor/Padrino
- () Baptism
 - () Communion
 - () Confirmation
 - () Religious Matrimony
 - () Pre-Baptismal Class
 - () Permission Letter

- Sponsor/Madrina:
- () Baptism
 - () Communion
 - () Confirmation
 - () Religious Matrimony
 - () Pre-Baptismal Class
 - () Permission Letter

Date of Baptism: _____

Father: () Pre-Baptismal Class

Mother: () Pre-Baptismal Class

Receipt # & date paid: _____

Staff Initials: _____