

St. Joseph's Catholic Church
909-629-4101

1150 W. Holt Ave.
Pomona, CA

BAPTISMAL APPLICATION

Date:		Telephone Number:	
Name of infant:			
Date of birth:		Place of birth:	
Father's name:		Religion:	
Mother's name:		Religion:	
Mother's maiden name			
Address:			
Are you registered at St. Joseph?			
Married in the Church? (Y N)	Civilly? (Y N)	Common law? (Y N)	
If married, in which Church?			
Godfather's name:		Date of Birth?	
Married in the Church? (Y N)	Single? (Y N)		
Godmother's name		Date of Birth?	
Married in the Church? (Y N)	Single? (Y N)		
Was the child baptized in any church or hospital?			
Parents will attend class in () English () Spanish Date:			
Godparents will attend class in () English () Spanish Date:			

FOR OFFICAL USE ONLY:

Assisted class:		Father:		Mother:	
Godfather:	Godmother	Notes:		Donation:	
Date of class:			Date of baptism:		
Date and priest's signature:					

