St. Kilian Church

Date of Class_____

Baptism Registration Form PLEASE PRINT CLEARLY AND FILL IN COMPLETELY. RETURN TO PARISH OFFICE or EMAIL TO frontdesk@stkilianchurch.org

Today's Date:				Office Use Only otism Requested:		Tin	ne:	
	*Photos		ng Baptisms may be					
Name of Child					Date of Bi	rth	M F	
First	Mic	ldle	Last		Month	Day Year		
Birth Place	rth Place					Is child adopted? Y N		
City	State				Has child been previously baptized in another faith? YN			
Name of Father					Religion			
First	Middl	e	Last					
Address	CSS Number Street Apt #				Phone			
City	State	Zin C	, ada		Email			
City State Zip Code Mother's Maiden Name					Religion			
First	Middl	e	Last Name Befor	e Marriage				
Address	Number	Street	A	pt #	Phone			
City	State		Zip Code		Email			
	ı like to tall	x to a priest				n the Church? Y		
Over 16	Baptized?	Catholic?	Email address 1st Communion in Catholic Church?	Confirmed in Catholic Church?	Married?	If Catholic & Marr recognized by Cath		
/ES								
Name of Godmot	her / Christ	ian Witness	First	Middle		Last		
Over 16	Baptized?	Catholic?	Email address 1st Communion in Catholic Church?	Confirmed in Catholic Church?	Married?	If Catholic & Marr recognized by Cath		
/ES								
NO		d by proxy?	Yes No	Donotions or	a mada ta St. V	llian Church. 949-586-	4440 2/	