



**Baptism Registration Form**  
**Catholic Communities of Brawley & Westmorland**  
 402 S. Imperial Ave, Brawley, CA 92227 (760) 344-3171

<b>Date:</b> _____  <b>Time:</b> _____
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THE CHILD

Full Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 State: \_\_\_\_\_ Country: \_\_\_\_\_

THE PARENTS

Father's Full Name: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Mothers Full Name: \_\_\_\_\_  
 Maiden name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Work Telephone \_\_\_\_\_

ABOUT YOUR MARITAL STATUS

Married by:

Catholic Priest/Deacon  
 Civil Ceremony  
 Single  
 Separate

CHECKLIST-OFFICE USE ONLY

Copy of Birth Certificate  
 Registration in Parish letter of Permission  
 Offering

YOUR RELATIONSHIP TO THIS PARISH

Do you attend Sunday Mass here regularly?  
 YES or NO

Are you registered? YES or NO  
 If so, enter number \_\_\_\_\_

If you are a member of another Parish,  
 Name of Pastor \_\_\_\_\_  
 Name and Address of Parish:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THE GODPARENTS

**Please note the following requirements:**

- That one Godparent be:
- Baptized Catholic
  - Regularly Attends Sunday Mass
  - If married, has been so in the Catholic Church

Does each Godparent *fulfill* the above?  
 YES or NO

If "NO" please reconsider selection.  
 If "YES" please enter details.

Name of Godfather: \_\_\_\_\_  
 Parish: \_\_\_\_\_  
 Name of Godmother: \_\_\_\_\_  
 Parish: \_\_\_\_\_

Baptism Seminar on \_\_\_\_\_ at \_\_\_\_\_

Have Seminars been fulfilled? YES or NO or Waived?  
**Priest Comments:**