



**St. Leo the Great Parish**  
**601 W. Agua Caliente Rd. Sonoma, CA 95476**

**BAPTISM REGISTRATION**



**Child's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
As it would appear on Birth Certificate

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
As it would appear on Baptismal Certificate

**Father's Religion:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_  
As it would appear on Baptismal Certificate

**Mother's Religion:** \_\_\_\_\_ **Are Parents Married by a Catholic Priest?** \_\_\_\_\_

**Registered in Parish?** \_\_\_\_\_ **How long have you lived in the Parish?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone (home):** \_\_\_\_\_ **Alternate phone:** \_\_\_\_\_

**Have you attended the baptismal program before:** \_\_\_\_\_ **Where:** \_\_\_\_\_

**NAME OF PRIEST DOING INTERVIEW** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>OFFICE USE:</b>
Date of Baptism _____
Time of Baptism _____
Priest _____
Entered in Calendar _____

<p><b>Godfather</b> _____</p> <p><b>Religion</b> _____</p> <p><input type="checkbox"/> Married in the Church      <input type="checkbox"/> Baptism</p> <p><input type="checkbox"/> Civil Married                      <input type="checkbox"/> First Communion</p> <p><input type="checkbox"/> Single                                      <input type="checkbox"/> Confirmation</p> <p><input type="checkbox"/> Attended baptism preparation class</p> <p><b>Address:</b></p> <p>_____</p> <p>_____</p> <p><b>Phone:</b> _____</p>	<p><b>Godmother</b> _____</p> <p><b>Religion</b> _____</p> <p><input type="checkbox"/> Married in the Church      <input type="checkbox"/> Baptism</p> <p><input type="checkbox"/> Civil Married                      <input type="checkbox"/> First Communion</p> <p><input type="checkbox"/> Single                                      <input type="checkbox"/> Confirmation</p> <p><input type="checkbox"/> Attended baptism preparation class</p> <p><b>Address:</b></p> <p>_____</p> <p>_____</p> <p><b>Phone:</b> _____</p>
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*A copy of child's birth certificate must accompany Registration Form. If your child was adopted, legal documentation is needed*



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**INFORMATION FOR THE OFFICE**

**REQUIRED DOCUMENTS CHECKLIST:**

**Parents:**

- Birth Certificate
- Pre-Baptismal Class on \_\_\_\_\_ (date)
- Permission Letter (if applicable)

**Godparents:**

- Marriage Certificate
- Identification
- Pre-Baptismal Class \_\_\_\_\_ (date)
- Permission Letter (if applicable)

**Donation:** Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_ Initials \_\_\_\_\_

**Parent Guidelines:**

If the parents are not registered parishioners and they do not live within the parish boundaries of St. Leo, they must provide us with a letter from their church stating they are in good standing at their church and have permission to have their child Baptized at St. Leo. Need Pastor approval. Parents must attend a Baptism class with St. Leo or any other catholic church within in the last two years and provide proof.

**Godparent Information:**

The Catholic Church requires the following of Godparents: (canon 874.1)

The godparents are to be chosen by the parents or guardians.

They are to be at least sixteen years of age.

They must be Catholics who have already been confirmed and have received the holy Eucharist. They should be leading a life in harmony with the faith; i.e., practicing Catholics (attending Mass), if married, in a valid Catholic Marriage, etc.

They may not be the father or mother of the one to be baptized.

You may choose one or two godparents. If you choose two, one must be male and the other female.

The godparents must have the qualifications for and intention of carrying out this duty.

**HEALTH QUESTIONNAIRE**

***PRIOR TO THE START OF MY SERVICE, I CONFIRM THAT:***

- I and attendees have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks.
- I and attendees have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks.
- I and attendees have not traveled outside of my immediate daily routine for the past two weeks.
- I and attendees do not have a cough, fever, chills, shortness of breath, or loss of taste or smell.
- If I or anyone who attends begins to show symptoms of COVID-19 within the next two weeks, I will contact St. Leo's Parish.
- I and attendees will follow all posted rules to keep myself, my pastor, and those around me safe.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_