



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



Baptism Registration

Name of Child: _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: _____

Father's Name: _____

Religion of Father: _____

Mother's Name: First _____ Middle _____ Maiden _____

Religion of Mother: _____ **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 been through baptismal program before: _____ **Where:** _____

NAME OF PRIEST DOING INTERVIEW _____ **DATE** _____

Office Use:
Date of Baptism _____
Time of Baptism _____
Priest _____
Entered in Office Calendar _____

Godfather _____ Religion of Godfather _____ <input type="checkbox"/> Married in the Church <input type="checkbox"/> Baptism <input type="checkbox"/> Civil Married <input type="checkbox"/> First Communion <input type="checkbox"/> Single <input type="checkbox"/> Confirmation Attended baptism preparation class <input type="checkbox"/> Address: _____ _____ Phone: _____	Godmother _____ Religion of God Mother _____ <input type="checkbox"/> Married in the Church <input type="checkbox"/> Baptism <input type="checkbox"/> Civil Married <input type="checkbox"/> First Communion <input type="checkbox"/> Single <input type="checkbox"/> Confirmation Attended baptism preparation class <input type="checkbox"/> Address: _____ _____ Phone: _____
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