



OUR LADY OF PERPETUAL HELP Church

60 Wellington Avenue, Daly City, CA 94014 (650) 755-9786 FAX (650) 756-2268

REQUEST FOR BAPTISM

TODAY'S DATE: _____

PLEASE NOTE: TYPE or PRINT CLEARLY. Be sure SPELLING IS CORRECT. We issue one baptismal certificate based on this form only.

NAME OF CHILD: _____

FATHER'S NAME: _____

(First Name)

(Middle Name)

(Last Name)

MOTHER'S NAME: _____

(First Name)

(Middle Name)

(Maiden Name)

FATHER'S RELIGION: _____ MOTHER'S RELIGION: _____

WERE PARENTS MARRIED BY A CATHOLIC PRIEST? (CIRCLE ONE) YES NO

CHILD'S PLACE OF BIRTH _____ DATE OF BIRTH: _____

(City, State, Country)

(Mo, Day, Year)

RESIDENCE: _____

(# - Street Address)

(City)

(Zip Code)

TELEPHONE: Home Phone: _____ Father's work phone: _____ Mother's work phone: _____

SPONSOR'S NAME (MUST BE A PRACTICING CATHOLIC): _____

SPONSOR'S NAME (MUST BE A PRACTICING CATHOLIC): _____

(For office use only)

DATE OF BAPTISM: _____

NAME OF PRIEST: _____

INTERVIEWED BY: _____ DATE: _____

BAPTISMAL CLASS CONDUCTED BY: _____ DATE: _____

RECORDED IN BAPTISMAL REGISTER BY: _____ DATE: _____

- **Baptisms are on Sunday at 2:30 PM. A final date for the celebration of the Sacrament will be set ONLY after completion of baptismal catechesis.**