

Baptism Dates

Please review the
Baptism Calendar File
for Baptism dates.

This schedule is subject
to change. Please contact
the Pastoral Center at
(310) 566-1500 to
confirm baptism dates.

Baptisms begin at 3:00
p.m. in the Church.
Please arrive by 2:45
p.m. to check in.

BAPTISM

 st. monica catholic church

BAPTISMAL REGISTRATION FORM

Please complete the following form and send it to St. Monica Church. **For Acrobat Users:** If you have the *full* version of Adobe Acrobat, you can fill out this form, save it, and attach it to an e-mail. You can send the e-mail to baptism@stmonica.net for processing. **For Acrobat Reader Users:** If you are using Adobe Acrobat Reader, you can fill in this form on your computer and print it out, but you will not be able to save the completed document (which is necessary to use it as an attachment for e-mail). Please print out the file and send it to St. Monica Parish via fax, postal service, or by bringing it into the Pastoral Center. Thank you!

Please type in or print the following information.

Today's Date _____

Child's Full Name (First, Middle, Last) _____

Date of Birth (Month/Day/Year) _____ Gender Female Male

City & State of Birth _____

Father's Name (First, Middle, Last) _____

Father's Religion _____ Class Date _____

Mother's Name (First, Middle, Maiden Name) _____

Mother's Religion _____ Class Date _____

Is this your first child to be baptized? Yes No

Were parents married in the Catholic Church? Yes No

Is the family registered at St. Monica Parish? Yes No

Parent's Street Address _____ Apartment / Suite _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Godfather's Name (First and Last Name Only) _____

Godfather's Religion _____ Class Date _____

Godmother's Name (First and Last Name Only) _____

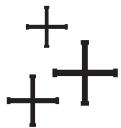
Godmother's Religion _____ Class Date _____

Proxy's Name (if any) _____

Proxy's Religion _____

Baptismal Date (1st Choice) _____

Baptismal Date (2nd Choice) _____



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CATHOLIC CHURCH
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SANTA MONICA, CA 90403

(310) 566-1500
(310) 566-1510 FAX
WWW.STMONICA.NET

FOR OFFICE USE ONLY.

Performed by _____ Date _____

Recorded by _____

BAPTISMAL REGISTRATION