

St. Anthony / St. Martin

Baptism Form

511 Main Street
Winters, CA 95694

Desired Date for Baptism: _____ English or Spanish / Winters or Esparto

Full Name of Child: _____

Date of Birth: _____

Place of Birth: _____

Father's Full Name: _____

Is the father a practicing Catholic? Yes ___ No ___ **Cell Phone Number:** _____

Mother's First and Maiden Name: _____

Is the mother a practicing Catholic? Yes ___ No ___ **Cell Phone Number:** _____

Family Mailing Address: _____

Family Physical Address: _____ **Home Phone Number:** _____

Are you married in the Catholic Church? Yes ___ No ___ **If no, are you married civilly?** Yes ___ No ___

Are you registered parishioners of St. Anthony Parish or St. Martin Mission? Yes ___ No ___

Godfather's Full Name: _____ **Religion:** _____

Mailing Address: _____

Godmother's Full Name: _____ **Religion:** _____

Mailing Address: _____

We understand that in baptism our child will receive God's divine life and that we must nourish that life. We commit to pray with our children daily, to read the Scriptures with them daily, to teach them the truths of our faith contained in the Catechism, to lead them to holiness, and to participate in the Sacraments (Sunday Mass and monthly confession).

Signatures:

Father

Mother

For Office Use Only:

Application Submitted: Date _____ Time _____ \$50 Registration Fee Paid: _____

Permission from Parish _____ Parent's Class Certificate _____ Birth Certificate _____

Godparent's Class Certificate _____ Godparent's Marriage Certificate _____

Date of Pre-Baptism Class: _____ Both Parents In Attendance? Yes ___ No ___ Godparents In Attendance?: Yes ___ No ___

Signature of Facilitator: _____

Date of Baptism: _____ Time: _____ Winters: _____ Esparto: _____ Other: _____

Presider: _____ Baptism Logged: _____ Certificate Sent: _____