The Catholic Church of
THE IMMACULATE CONCEPTION
2540 San Diego Avenue San Diego, California 92110-2840
(619) 295-4141

BAPTISM REGISTRATION FORM

Child's name: _____ Date of birth: _____

Father's name: _____

Mother's maidename: _____

Address: _____

_____

Telephone: _____(C or H) _____(C or H)

Godfather's Name: _____

Godmother's Name: _____

Baptism prep program: https://lacatholics.org/baptism/

Upon completion of the program, send your reflection questions to Deacon Kevin at kjohnson@icc-sandiego.org

Parent(s) Baptism preparation class completed on: _____

Godparent(s) Baptism preparation class completed on: _____

Document: Copy of child's birth certificate

FOR PARISH USE ONLY:

Scheduled date of baptism: _____ **Time:** _____

Priest or Deacon: _____