Reg.# _____

Bk.# ___ Pg.# ___Cert.___

No. _____ Gabriel ____

CORPUS CHRISTI CATHOLIC CHURCH
450 Corral Canyon Rd. Bonita, CA 91902
(619) 482-3954 · FAX (619) 482-7236
www.corpuschristicatholic.org

BAPTISMAL DATA REGISTER

Child's first and last name _____

Birth date_____

Place of birth_____
City State Country

Father's first and last name_____

Mother's first and maiden name_____

Parents' residence_____

Home phone_____ Work phone _____

Cell phone_____ e-mail _____

In which church (Catholic or Non-Catholic) were parents married? _____

Godparents Names (2 Godparents max, one male and one female)

_____
First Last Marital Status Parish of Registration

_____
First Last Marital Status Parish of Registration

Godparents Catholic Church:

FOR OFFICE USE ONLY

Date of Baptism: __/__/____

Name of Deacon or Priest who performed this Baptism:_____

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