



SAINT JOHN EVANGELIST PARISH, ENCINITAS, CA.
BAPTISMAL INTAKE FORM

CHILD'S INFORMATION

CHILD'S FULL NAME \_\_\_\_\_
First Middle Last

Residence: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Other phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Was the child adopted? yes \_\_\_ no \_\_\_ Was the child privately baptized? yes \_\_\_ no \_\_\_

Requested Baptism date: \_\_\_\_\_ Place of Baptism: Saint John \_\_\_ Other \_\_\_\_\_

PARENTS

FATHER'S NAME: \_\_\_\_\_ Religion: \_\_\_\_\_
First Middle Last

MOTHER'S NAME: \_\_\_\_\_ Religion: \_\_\_\_\_
First Middle (Maiden Name)

Are the parents married? yes \_\_\_ no \_\_\_ In the Catholic Church? yes \_\_\_ no \_\_\_

Where? \_\_\_\_\_

Parish where parents are registered and active: \_\_\_\_\_

Parent's instructional classes: Prior Class (within 36 months) \_\_\_\_\_ On-line Class \_\_\_\_\_

GODPARENTS

GODFATHER'S NAME: \_\_\_\_\_ Religion \_\_\_\_\_

Is he a practicing Catholic? (Attends Mass regularly) yes \_\_\_ no \_\_\_

Did he receive his sacraments of Confirmation? \_\_\_\_\_ First Eucharist? \_\_\_\_\_

In what parish is he registered? \_\_\_\_\_

Attend class? yes \_\_\_ no \_\_\_ Where attended \_\_\_\_\_

Is the Godfather married? yes \_\_\_ no \_\_\_ In the Catholic Church? yes \_\_\_ no \_\_\_ Where? \_\_\_\_\_

GODMOTHER'S NAME: \_\_\_\_\_ Religion \_\_\_\_\_

Is she a practicing Catholic? (Attends Mass regularly) yes \_\_\_ no \_\_\_

Did she receive her sacraments of Confirmation? \_\_\_\_\_ First Eucharist? \_\_\_\_\_

In what parish is she registered? \_\_\_\_\_

Attend class? yes \_\_\_ no \_\_\_ Where attended \_\_\_\_\_

Is the Godmother married? yes \_\_\_ no \_\_\_ In the Catholic Church? yes \_\_\_ no \_\_\_ Where? \_\_\_\_\_

Are either Godparents represented by Proxy? \_\_\_\_\_

OFFICE USE ONLY

Print name of Clergy interviewing parents: \_\_\_\_\_

Mother \_\_\_\_, Father \_\_\_\_, have stated that they will bring their child up in the practice of the Catholic Faith.

SIGNATURE OF CLERGY: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESIDER: \_\_\_\_\_ DATE: \_\_\_\_\_