St. Gabriel Catholic Church
2559 40th Avenue
San Francisco, CA 94116
415-731-6161

Office Use Only:
Priest/Deacon signature at completion of Baptism.

Sign here:_____

Request for Baptism Form

Full Name of Child:_____

Date of Birth:_____ Male □ Female □

City/State/Place of Birth:_____

Full Home Address:_____

Home phone number:_____Cell Phone Number:_____

Email:_____

Was the child privately baptized? Yes □ No □

Preferred Date of Baptism:_____

Father's Full Name:_____

Religion:_____If Catholic, have you been confirmed? Yes □ No □

Place of Birth:_____

Mother's Full **MAIDEN** Name:_____

Religion:_____ If Catholic, have you been confirmed? Yes □ No □

Place of Birth:_____

Were the parents of child to be baptized married by a Catholic Priest or Deacon? Yes □ No □
Are you registered in St. Gabriel's Parish? Yes □ No □
Do you live within the parish boundaries? Yes □ No □
If you are not registered here, and do not live within the parish boundaries, what is your reason for having your child baptized at Saint Gabriel?_____
_____

Have you taken a baptismal preparation class? Yes □ No □
If yes, please provide a letter of completion. If No, parents are required to attend a class before the baptism takes place.
PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE TO THIS FORM. IF YOU ARE NOT REGISTERED AT SAINT GABRIEL, OR ARE REGISTERED AT A DIFFERENT PARISH OR DO NOT LIVE WITHIN ITS BOUNDARIES, YOU ARE REQUIRED TO OBTAIN A LETTER OF PERMISSION FROM YOUR PASTOR IN ORDER FOR BAPTISM TO BE CELEBRATED AT ST. GABRIEL.

(TURN OVER)

Godparent Information

- **Godparents must be confirmed, practicing Catholics at least 16 years of age; they must attend a Baptismal Preparation Class and provide a certificate of proof; and they must sign the Baptism Sponsor Covenant form *before the baptism can take place*.**

Godfather's Name:_____

Religion:_____

If Catholic, have they been confirmed? Yes □ No □
Is the Godfather registered in his parish? Yes □ No □

Where?_____

Godmother's Name:_____

Religion:_____

If Catholic, have they been confirmed? Yes □ No □
Is the Godmother registered in her parish? Yes □ No □

Where?_____

Will you need a Proxy for one or both Godparents? Yes □ No □

If yes, what is(are) the name(s) of the Proxy?_____

DECLARATION: As the parent(s)/guardian(s) of this child, I (We) ask for the Sacrament of Baptism. I (We) intend for this child to be brought up in the Catholic faith, receiving faith formation as well as the Sacraments of Holy Eucharist and Confirmation.

Signature_____ **Date**_____

Signature_____ **Date**_____

PLEASE RETURN THIS FORM TO THE PARISH CENTER AT YOUR EARLIEST CONVENIENCE. WE LOOK FORWARD TO WELCOMING YOUR CHILD TO OUR COMMUNITY.

THERE IS A SUGGESTED DONATION OF $100 FOR ADMINISTRATIVE FEES THAT CAN BE PAID AT THE TIME OF BAPTISM.

Office Use Only:
Date Received Form:_____ **Copy of Birth Certificate**_____

Letters of Verification: **Godfather** _____ **Godmother**_____

Date of Baptismal Preparation Class_____ **Certificate received**_____