

BAPTISM REGISTRATION FORM

ST. PATRICK CHURCH

756 Mission St., San Francisco, CA 94103

Phone: (415)421-3730 Email: information@stpatricksf.org Web: www.stpatricksf.org

For Parents:

You must be registered parishioners (at least 6 months), or bring a permission letter from your home parish.

You must ensure that prospective godparents are baptized Catholic, have received the sacraments of first communion and confirmation, and if married, have done so in a Catholic Church.

A baptized non-Catholic may be a Christian Witness, alongside a godparent who meets the above criteria.

Only one godparent is required, two are customary, but no more than two names can be recorded.

Steps to take:

1. Call the parish office to arrange the baptism - at least 2 months before the desired date.
2. Complete and submit the registration form/documents/donation.
3. Attend the pre-baptismal class (parents and godparents).

Required Documents:

1. Copy of child's birth certificate.
2. Permission letter from your home parish (if not parishioner of St. Patrick's Parish).
3. Baptism preparation class certificate for parents and/or godparents, if not attended at St. Patrick's.

Suggested Donation:

1. Parish baptism – \$100 per child (\$50 for second child in the family, baptized on the same day)
 - 2nd and 4th Saturday of each month, at 10:30 a.m.
 - Baptism class 1st Saturday of each month, 8:00 a.m. via zoom

<i>Baptism Prep Class</i>	<i>Baptism Option 1</i>	<i>Baptism Option 2</i>
January 6, 2024	January 13	January 27
February 3, 2024	February 10	February 24
March 2, 2024	March 9	March 23
April 6, 2024	April 13	April 27
May 4, 2024	May 11	May 25
June 1, 2024	June 8	June 22
July 6, 2024	July 13	July 27
August 3, 2024	August 10	August 24
September 7, 2024	September 14	September 28
October 5, 2024	October 12	October 26
November 2, 2024	November 9	November 23
December 7, 2024	December 14	December 28

Child's Information

Child's Name (to be recorded on Certificate of Baptism): _____

Date of Birth (MM/DD/YYYY): _____

Place of Birth (City/State/Country): _____

Copy of Birth Certificate attached YES NO

Baptismal Information

Date of Baptism (MM/DD/YYYY): _____

Godfather's Name (First, Last): _____

Godmother's Name (First, Last): _____

Baptismal Class Date (MM/DD/YYYY): _____

Parents' Information

Mother's Name (Maiden name): _____

Mother's Phone Number: _____ Email: _____

Father's Name: _____

Father's Phone Number: _____ Email: _____

Home Address: _____

City/State/ZIP: _____

Registered at St. Patrick Church? YES NO Home Parish: _____

Are parents married? YES NO If 'YES', date (MM/DD/YYYY): _____

Place of Marriage: Church City Hall (Place Name, City/State): _____

OFFICE USE ONLY:

Prepared for Baptism by: _____ Baptized by: _____

Baptism Class attended by: Mother Father Godmother Godfather

For non-parishioners:

- Permission letter from home parish received (MM/DD/YYYY): _____
- Permission granted by: _____

Baptism class certificate submitted: YES NO Date received (MM/DD/YYYY): _____

Amount Received: _____

Payment Method: Cash Credit Card Check (Check No. _____)

Date Registered (MM/DD/YYYY): _____ Parish Staff: _____