ST JOHN THE EVANGELIST PARISH, ENCINITAS, CA.
BAPTISM INTAKE FORM

CHILD'S FULL NAME_____
LAST FIRST MIDDLE NAME

BOY_____ Girl_____

RESIDENCE: _____

CITY_____ST_____ZIP_____ PHONE_____

EMAIL:_____

DATE OF BIRTH: _____PLACE OF BIRTH_____
Was the child adopted? YES_____ NO_____
Was the child privately baptized? YES_____ NO_____
Copy of Birth Certificate provided _____ Copy of Legal Adoption Papers provided _____
REQUESTED BAPTISM DATE: _____

PLACE OF BAPTIAM: St John _____, Other _____

FATHER'S NAME: _____RELIGION_____
LAST FIRST MI
MOTHER'S NAME: _____ RELIGION_____
LAST FIRST MI
MOTHER'S MAIDEN NAME: _____
ARE PARENTS MARRIED? YES_____ NO_____
WERE PARENT'S MARRIED IN THE CATHOLOIC CHURCH?
YES_____ NO_____ WHERE_____
PARISH WHERE PARENT(S) IS/ARE REGISTERED:_____
PARENT INSTRUCTIONAL CLASSES:
Prior Class (w/i 36mo) _____ On-line Course _____ St John's Class _____

GODFATHER'S NAME_____
Is he a practicing Catholic? (Attends mass regularly) YES_____ NO_____
Did he receive his sacraments of Confirmation? _____ Eucharist? _____
In what parish is he registered? _____
Attend class? YES_____ NO_____ Where attended_____

GODMOTHER'S NAME_____
Is she a practicing Catholic? (Attends mass regularly) YES_____ NO_____
Did she receive her sacraments of Confirmation? _____ Eucharist? _____
In what parish is he registered? _____
Attend class? YES_____ NO_____ Where attended_____

Is either Godparent represented by Proxy? _____

PRINT NAME OF CLERGY INTERVIEWING PARENTS:_____
Mother__, Father__, have stated that they will bring their child up in the practice of the Catholic Faith.
SIGNATUE OF CLERGY:_____DATE:_____

REMARKS: