

St. Basil's Roman Catholic Church

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APPLICATION FOR BAPTISM

NO CHILDREN ALLOWED DURING PRE-BAPTISMAL CLASS
PLEASE FILL OUT THE FORM ACCURATELY AND COMPLETELY

FIRST NAME (CHILD)		MIDDLE NAME		LAST NAME	
STREET ADDRESS		CITY		STATE ZIP	
PLACE OF BIRTH (CITY, STATE)				DATE OF BIRTH	
FIRST NAME (FATHER)		MIDDLE NAME		LAST NAME	
STREET ADDRESS		CITY		STATE ZIP	
HOME PHONE			WORK/CELL PHONE		
HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CHECK) <input type="checkbox"/> BAPTISM <input type="checkbox"/> PENANCE <input type="checkbox"/> EUCHARIST <input type="checkbox"/> CONFIRMATION					
HOW OFTEN DO YOU ATTEND MASS? (PLEASE CHECK) <input type="checkbox"/> REGULARLY <input type="checkbox"/> SOMETIMES <input type="checkbox"/> SELDOM <input type="checkbox"/> NEVER					
FIRST NAME (MOTHER)		MIDDLE NAME		LAST NAME (MAIDEN)	
STREET ADDRESS		CITY		STATE ZIP	
HOME PHONE			WORK/CELL PHONE		
HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CHECK) <input type="checkbox"/> BAPTISM <input type="checkbox"/> PENANCE <input type="checkbox"/> EUCHARIST <input type="checkbox"/> CONFIRMATION					
HOW OFTEN DO YOU ATTEND MASS? (PLEASE CHECK) <input type="checkbox"/> REGULARLY <input type="checkbox"/> SOMETIMES <input type="checkbox"/> SELDOM <input type="checkbox"/> NEVER					
ARE BOTH PARENTS IN THE SAME HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHICH PARENT IS THE CHILD LIVING WITH? _____					
WAS THE CHILD ADOPTED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WHAT PARISH DO THE PARENTS BELONG TO: _____ PERMISSION: <input type="checkbox"/> YES <input type="checkbox"/> NO					
PRESENT STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED CIVILLY <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> LIVE-IN (PLEASE CHECK) <input type="checkbox"/> MARRIED IN A CATHOLIC CHURCH, IF SO WHAT PARISH: _____ <input type="checkbox"/> MARRIED IN ANOTHER RELIGION: _____					
FIRST NAME (GODFATHER)		MIDDLE NAME		LAST NAME	
STREET ADDRESS		CITY		STATE ZIP	
HOME PHONE		WORK/CELL PHONE		RELIGION	
PRESENT STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED CIVILLY <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> LIVE-IN (PLEASE CHECK) <input type="checkbox"/> MARRIED IN A CATHOLIC CHURCH, IF SO WHAT PARISH: _____ <input type="checkbox"/> MARRIED IN ANOTHER RELIGION: _____					
HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CHECK) <input type="checkbox"/> BAPTISM <input type="checkbox"/> PENANCE <input type="checkbox"/> EUCHARIST <input type="checkbox"/> CONFIRMATION					
HOW OFTEN DO YOU ATTEND MASS? (PLEASE CHECK) <input type="checkbox"/> REGULARLY <input type="checkbox"/> SOMETIMES <input type="checkbox"/> SELDOM <input type="checkbox"/> NEVER					
FIRST NAME (GODMOTHER)		MIDDLE NAME		LAST NAME	
STREET ADDRESS		CITY		STATE ZIP	
HOME PHONE		WORK/CELL PHONE		RELIGION	
PRESENT STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED CIVILLY <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> LIVE-IN (PLEASE CHECK) <input type="checkbox"/> MARRIED IN A CATHOLIC CHURCH, IF SO WHAT PARISH: _____ <input type="checkbox"/> MARRIED IN ANOTHER RELIGION: _____					
HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CHECK) <input type="checkbox"/> BAPTISM <input type="checkbox"/> PENANCE <input type="checkbox"/> EUCHARIST <input type="checkbox"/> CONFIRMATION					
HOW OFTEN DO YOU ATTEND MASS? (PLEASE CHECK) <input type="checkbox"/> REGULARLY <input type="checkbox"/> SOMETIMES <input type="checkbox"/> SELDOM <input type="checkbox"/> NEVER					

FOR OFFICE USE ONLY:

Date of Application: ____/____/____ Date of Class: ____/____/____ @ 7:30pm Date of Baptism: ____/____/____ @ ____:____ am/pm

Proof of Residence Birth Certificate/Hospital Record Godfather's Baptismal Certificate Godmother's Baptismal Certificate

Permission Letter (if needed) Church: _____ Pre-Baptismal Class Attendance: Parents Godparents

Pre-Baptismal Class Payment pd. ____/____/____ Baptismal Payment pd. ____/____/____ Celebrant: _____

Comments: _____