



Church of the Visitacion

655 Sunnydale Avenue, San Francisco, CA 94134-2884
 Tel: (415) 494-5517 * Fax: (415) 494-5513
www.visitacionchurch.org

INFORMATION FOR BAPTISM

Child's First Name:	Godfather's First Name:
Child's Last Name:	Godfather's Last Name:
Child's 2 Last Name: (optional)	Godfather's 2 nd Last Name: (optional)
Father's First Name:	Godmother's First Name:
Father's Last Name:	Godmother's Last Name:
Father's 2 nd Last Name: (optional)	Godmother's 2 nd Last Name: (optional)
Mother's First Name:	Are the child's parents civilly married?
Mother's Maiden Last Name:	Are the child's parents religiously married?
Mother's 2 nd Last Name: (optional)	Home Address:
Child's City of Birth:	Home Telephone Number:
Child's Date of Birth:	Work Telephone Number:
Chosen Date for Baptism:	Cell Telephone Number:

FOR OFFICE USE ONLY

Date of Payment:	Date of Baptismal Talk:	Date of Baptism:
Amount Paid:	Instructor's Name:	Priest's Name:
Signature of Recipient:	Instructor's Signature:	Priest's Signature: