



Church of the Visitation

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BAPTISMAL INFORMATION FORM



Child's First Name:	Home Address:
Child's Last Name:	Preferred Phone Number:
Father's First Name:	Alternative Phone Number:
Father's Last Name:	Email Address:
Father's Religion:	Are the child's parents married by civil ceremony? YES NO
Mother's First Name:	Are the child's parents married by Church ceremony? YES NO
Mother's Maiden Last Name:	Are the child's parents registered at Visitation? YES NO
Mother's Religion:	Godfather's First Name:
Child's City of Birth:	Godfather's Last Name:
Child's Date of Birth:	Is the Godfather a fully initiated Catholic? YES NO
Child's Age:	Godmother's First Name:
Date of Baptism:	Godmother's Last Name:
Time of Baptism:	Is the Godmother a fully initiated Catholic? YES NO

FOR OFFICE USE ONLY

Date of Payment:	Date of Baptismal Prep:	Notes:
Amount Paid:	Instructor's Name:	Priest/Deacon Name:
Signature of Recipient:	Instructor's Signature:	Priest/Deacon Signature: