



St. Theresa of the Infant Jesus
Oakland, CA

**PLEASE RETURN COMPLETED
BAPTISM APPLICATION WITH
A COPY OF CHILD'S BIRTH
CERTIFICATE AND \$75.00 Fee**

Checks payable to St. Theresa Church – Thank You

BAPTISM REQUEST FORM

Child's Name: _____ Male: _____ Female: _____
Please print

Date of Birth: _____ Place of Birth: _____
City State

Father's Full Name: _____
First Middle Last

Baptized: Yes ___ No ___ **Faith:** _____ **First Eucharist:** Yes ___ No ___ **Confirmed:** Yes ___ No ___

Mother's Full Name: _____
First Middle Maiden Last

Baptized: Yes ___ No ___ **Faith:** _____ **First Eucharist:** Yes ___ No ___ **Confirmed:** Yes ___ No ___

Married: Yes ___ No ___ **If yes, by a Catholic Priest or Deacon:** Yes ___ No ___

Home Address: _____ **Apt#:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work (Dad):** _____ **Cell:** _____

Email: _____ **Work (Mom):** _____ **Cell:** _____

Father's Signature: _____

Mother's Signature: _____

GODPARENTS: (Please Note: Must be over 16 and at least one must be a confirmed, practicing Catholic.)

Godparent's Name: _____

Faith: _____ **Confirmed:** Yes ___ No ___

Godparent's Name: _____

Faith: _____ **Confirmed:** Yes ___ No ___

ADMINISTRATIVE USE ONLY

Registered Parishioner: _____

Donation Payment: _____

Class Info: Parent: _____

God Parents: _____

Baptism Date: _____