



## ST. THERESA OF THE INFANT JESUS

30 MANDALAY ROAD  
 OAKLAND, CA 94618  
 510.547.2777  
 ADMIN@STTHERESAOAKLAND.ORG

# BAPTISM REQUEST FORM

Please Print

<b>Full Name of Child:</b>	_____	_____	_____	<b>Male:</b>	<input type="checkbox"/>
	First	Middle	Last	<b>Female:</b>	<input type="checkbox"/>
<b>Date of Birth:</b>	_____		<b>Place of Birth:</b>	_____	
			City	State	

<b>Father's Full Name:</b>	_____	_____	_____		
	First	Middle	Last		
<b>Baptized:</b>	Yes <input type="checkbox"/>	<b>Faith:</b> _____	<b>1st Eucharist:</b>	Yes <input type="checkbox"/>	<b>Confirmed:</b>
	No <input type="checkbox"/>			No <input type="checkbox"/>	Yes <input type="checkbox"/>
					No <input type="checkbox"/>
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<b>Mother's Full Name:</b>	_____	_____	_____	_____	
	First	Middle	Maiden	Last	
<b>Baptized:</b>	Yes <input type="checkbox"/>	<b>Faith:</b> _____	<b>1st Eucharist:</b>	Yes <input type="checkbox"/>	<b>Confirmed:</b>
	No <input type="checkbox"/>			No <input type="checkbox"/>	Yes <input type="checkbox"/>
					No <input type="checkbox"/>
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	<b>Married:</b>	Yes <input type="checkbox"/>	<b>If yes, by a Catholic Priest or Deacon:</b>	Yes <input type="checkbox"/>	
		No <input type="checkbox"/>		No <input type="checkbox"/>	
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<b>Home Address:</b>	_____			<b>Apt #:</b>	_____
<b>City:</b>	_____	<b>State:</b>	_____	<b>Zip:</b>	_____
<b>Home Phone:</b>	_____	<b>Cell, Mom:</b>	_____	<b>Cell, Dad:</b>	_____
<b>Email, Mom:</b>	_____	<b>Email, Dad:</b>	_____		
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<b>Mother's Signature</b>	_____			<b>Father's Signature</b>	_____

**It is customary to make a Parish Contribution to help support parish ministries, such as the baptismal preparation program. A typical offering would be \$100.00. Checks are made payable to St. Theresa Church.**

Godparents	
Please note: Must be over 16 and at least one must be a confirmed, practicing Catholic.	
<b>Godparent's Name:</b>	_____
<b>Faith:</b>	_____
<b>Confirmed:</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<b>Godparent's Name:</b>	_____
<b>Faith:</b>	_____
<b>Confirmed:</b>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Parish Staff Use	
<b>Registered Parishioner:</b>	_____
<b>Parish Contribution:</b>	_____
<b>Class Information</b>	
<b>Parents:</b>	_____
<b>Godparents:</b>	_____
<b>Baptism Date:</b>	_____
<b>Mass Time:</b>	_____

**Please return the completed form to the Parish Office or email to admin@sttheresaoakland.org with a copy of the child's birth certificate and Parish Contribution.**