



BAPTISM REGISTRATION FORM

St. Lawrence the Martyr Catholic Church
 4325 Don Julio Boulevard ♦ North Highlands, CA 95660
 Telephone: 916.332.4777 ♦ Fax: 916.332.8325
 www.stlawrencenh.org

DATE OF BAPTISM: _____

NAME OF CHILD: _____
First Name Middle Name Last Name

Date of Birth: _____ Place of Birth: _____

Address City State Zip Code

FATHER: _____
First Name Middle Name Last Name Cell Phone

Religion: _____

MOTHER: _____
First Name Middle Name Last Name Cell Phone

Religion: _____

We are members of _____ Parish, located in _____
Name of Parish Address

Name of Godfather: _____ Religion: _____

Name of Godmother: _____ Religion: _____

If the couple is married, as a requirement, we need to see their Marriage Certificate from their church.

From the CODE OF CANON LAW
 ● Sponsors/Godparents must be Catholics who have been confirmed and have received the Sacrament of Most Holy Eucharist.
 ● They must be free from canonical penalty and must lead a life in harmony with the faith in keeping with the function to be undertaken.
(Canon #874 & Canon #893)

For Parish Office use only.

<input type="checkbox"/>	Class Completion—Parents	Date:
<input type="checkbox"/>	Class Completion—Sponsor/Godparents	Date:
<input type="checkbox"/>	Sponsor/Godparent’s Parish Form	Date:
<input type="checkbox"/>	Donation Received	Date: