Baptism Class 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.saintlawrencechurch.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, a copy of their Marriage Certificate from their church is required.

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.

☐	Class Completion—Parents	Date:
☐	Class Completion—Sponsor/Godparents	Date:
☐	Letter from Sponsor/Godparent's Parish Received	Date:
☐	Donation Received	Date: