

Scheduled Date:

Application for Baptism at St. Timothy's Church

Family Name: _____ Home Phone #: _____

Child's Full Baptismal Name: _____

Date of Birth: _____ Place of Birth: _____ Saint's Name: _____

Address where child resides: _____

Parent's Information:

Father's full legal name: _____

Religion: Roman Catholic Other: _____

Cell Phone #: _____ E-mail: _____

Father's Address (if different from above) _____

Mother's full maiden name: _____

Religion: Roman Catholic Other: _____

Cell Phone #: _____ E-mail: _____

Mother's Address (if different from above) _____

Is the family registered at St. Timothy's Parish? Yes No (if "no", you may contact the rectory, 310-474-1216, for a registration form)

Child's Baptismal Sponsor (s):

At least one of the following must be fully initiated (confirmed) Catholics, at least 16 years old, actively practicing their faith and living a Catholic way of life. Please list the Godparent(s) for your child below: (one Godparent, minimum).

Name 1: _____ Phone #: _____

Name 2: _____ Phone #: _____

Is either Godparent represented by proxy? _____

Name of Proxy {ies}: _____

Would you like information on the Parish Religious Education Program? St. Timothy's School?

Would you like to volunteer? Yes No If yes, what is your area of interest? _____

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

- Baptism During Mass
- Private Baptism
- Scheduled Presider: _____
- Class Completion
- Parish Donation

BOOK AND LOG

Saint Timothy Catholic Church
 10425 W. Pico Blvd.
 Los Angeles, CA 90064
 Phone #: (310) 474-1216
 www.sttimmothyla.org

Ceremony Date: _____ Time _____ Priest Presiding _____

Date received application: _____ Referred by: _____