

Application for Baptism at St. Timothy's Church

Scheduled Date: _____

Family Name: _____ Home Phone #: _____

Child's Full Baptismal Name: _____

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

Address where child resides: _____

City, State, Zip: _____

Parent's Information:

Father's full legal name: _____

Religion: Roman Catholic: _____ Other: _____

Cell Phone #: _____ E-mail: _____

Address of Father (if different from above) _____

Mother's full maiden name: _____

Religion: Roman Catholic: _____ Other: _____

Cell Phone #: _____ E-mail: _____

Address of Mother (if different from above) _____

Are parents registered members of St. Timothy's Parish? _____

Child's Baptismal Sponsor (s):

The following are the fully initiated Catholics, actively practicing their faith and living a Catholic way of life. We have chosen them to be godparents to our child: (minimum one in this category).

Name 1: _____ Phone #: _____

Name 2: _____ Phone #: _____

Is either godparent represented by proxy? _____

Name of Proxy {ies}: _____

Would you like information on St. Timothy's School? _____

Would you like to volunteer? _____ If yes, what is your area of interest? _____

CHECK LIST – BRING TO CLASS OR INTERVIEW

- Application for Infant Baptism
- Class Fee
- Parish Donation

BOOK AND LOG

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

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

Interview _____ Class-Parents _____ Class Godparents _____ Class Fee _____

Parish Registration _____ Donation _____

Ceremony Date: _____ Time _____ Priest Presiding _____

Revised July 2009