



500 Church Street, Monterey, CA 93940
 831-373-2628 • www.sancarloscathedral.org

INFANT BAPTISM • REGISTRATION FORM

FOR CHILDREN UNDER THE AGE OF 7

TO COMPLETE REGISTRATION WE NEED THE FOLLOWING DOCUMENTS:

1. COPY OF CHILD'S BIRTH CERTIFICATE
 2. BAPTISMAL FEE: \$100.00. Checks payable to: SAN CARLOS CATHEDRAL
- Mail all these to: San Carlos Cathedral / Attn. Ruth Pineda
rpineda@sancarloscathedral.org

CHILD'S INFORMATION --- <u>PLEASE NO NICKNAMES OR ABBREVIATIONS</u>		
First Name	Middle Name	Last Name
Date of Birth: _____	City & State of Birth: _____	

PARENTS INFORMATION --- <u>PLEASE NO NICKNAMES OR ABBREVIATIONS</u>				
Father's First Name	Middle Name	Last Name	Religion: _____	
Mother's First Name	Middle Name	MAIDEN NAME	Religion: _____	
Home Phone Number: (____) _____		Email Address: _____		
Address: _____				
	Street	City	State	ZipCode
Do you attend Catholic Church?: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Seldom <input type="checkbox"/> Never				
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Civilly <input type="checkbox"/> Church Denomination _____				

GODPARENTS INFORMATION	
Godfather's Name: _____	(must be Catholic)
Godmother's Name: _____	(must be Catholic)
Optional: Witness' name: _____	(non Catholic)

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY.

Date of Baptism _____ Time _____
 Celebrant _____