



ST. CHARLES CHURCH
880 TAMARACK AVENUE, SAN CARLOS, CA 94070

FAMILY REGISTRATION FOR BAPTISM

Prior to the child's baptism, parents are required to attend a Baptism catechesis class if they have not attended one in the last five years. This is a time to renew their roles in the religious formation of their child and to deepen their own faith. Please complete and submit this form for registration. Contact the parish office for class times and to register for the Baptism class.

650-591-7349 or parish@stcharlesparish.org

Has the child been born? Yes _____ No _____

Child's Full Name _____ Gender M _____ F _____

Date of Birth (if known) _____ City of Birth _____

Father's Full Name _____

Religious Affiliation _____

Mother's Maiden & Married Name _____

Religious Affiliation _____

Family Address & Email

Street _____ City & State _____

Home Phone _____ Cell Phone _____

Email contact _____

Are you registered as a parishioner at St. Charles Church? Yes No

Parents' Marriage Catholic Christian Civil Other _____

Church of Marriage or Location _____

Has the child been previously baptized? Yes No Is the child adopted? Yes No

Godfather Name _____ Religion _____

Godmother Name _____ Religion _____

Either Godparent represented by proxy? Yes No If yes, name of proxy _____

Church Law requires that a candidate for Baptism, for membership in the church community, be sponsored by a baptized and confirmed member of the Catholic Church who is willing and able to help the child develop and grow in the Catholic Church.

1. There must be at least one Godparent.
2. The maximum number of Godparents is two. If there are two, there must be one male and one female.
3. A Godparent needs to be a Confirmed practicing Catholic over the age of 16. (Each godparent needs to submit a letter from their parish(s))
4. A baptized Christian, but non-Catholic may serve as a Christian witness, but not serve as a Godparent.
5. A non-baptized person may not officially act as Godparent or Christian witness to the Baptism of a child of Catholic faith.

For Office Use

Name of person who completed this form _____ Date _____

Baptismal Catechesis _____ Baptism Date _____

Priest/Deacon conferring the sacrament _____