

**OUR DIVINE SAVIOR CATHOLIC CHURCH**

566 E. Lassen Ave., Chico, CA 95973

530-343-4248

**BAPTISMAL INFORMATION**

Candidate's Full Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_\_

Place of Birth (*city and state or country*): \_\_\_\_\_

Was the candidate adopted? Y N Was the candidate previously baptized? Y N

Family Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Catholic? Y N

Mother's Full Name (*Maiden Name*): \_\_\_\_\_

Catholic? Y N

Parents married in a Catholic Church? Y N *if yes, Church name & city, state (country)*

\_\_\_\_\_

Godparent's Full Name: \_\_\_\_\_

Godparent's Full Name: \_\_\_\_\_

**NOTE: At least one godparent must be a practicing Catholic.**

Presider: \_\_\_\_\_ Fr. R. Francis Stevenson \_\_\_\_\_ Deacon James Burkett \_\_\_\_\_ Other

\_\_\_\_\_

Private Baptism \_\_\_\_\_ Date/Time \_\_\_\_\_ Private Baptism Donation \_\_\_\_\_

Group Baptism: Month \_\_\_\_\_

Parents/God Parents Class scheduled date \_\_\_\_\_ Other than ODS \_\_\_\_\_

Baptism Donations \_\_\_\_\_

Check payable to Our Divine Savior