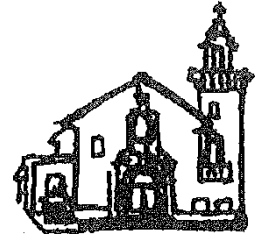


St. Kevin Catholic Church

704 Cortland Avenue
San Francisco CA 94110
Office: 415-648-5751
stkevin100@gmail.com



BAPTISM REQUIREMENTS:

The Sacrament of Baptism will be celebrated when the following requirements are fulfilled:

1. A Copy of Child's Birth Certificate.
2. **Pre-register** 2-3 months for the Completion of Baptism Preparation for Parents and Godparents on the Second Saturday of each month at 10:00 AM in St. Joseph's Hall.
3. A Fee of \$250 for the Baptism Preparation Class; Baptism Ceremony will be scheduled with the Priest.
4. For Baptism *Classes only* the fee will be \$120.00

*****NOTE NO REFUNDS after baptism prep class is completed*****

PLEASE PRINT CLEARLY

Today's Date: _____

Which Parish are you registered with? _____ Language preferred: ___ English or ___ Spanish

Child's Full Name: _____

Child's Birthday: _____ Child's Birthplace: _____

Child's Address: _____

City, State, Zip: _____

Parents' Email: _____ Cell Phone: _____

Mother's Full Name: _____ Father's Full name: _____

Is Mother a Catholic? Yes ___ No ___

Is Father a Catholic? Yes ___ No ___

Are Father and Mother married in a Catholic Church?

Yes ___ No ___

Are both Godparents Catholic?

Yes ___ No ___

If godparents are married, were each married in a Catholic Church?

Yes ___ No ___

Godparents receive confirmation sacrament. (required certificate)

Yes ___ No ___

Godparents' Names: 1. _____ 2. _____

FOR OFFICE USE ONLY

Date of Baptism Class: _____ Time: _____

Date of Baptism: _____ Time: _____

Certificate given by _____ Date: _____

Entered in St. Kevin Register by: _____ Date: _____

Register Page ___ Line number: _____ Date: _____

Entered on Baptism Spreadsheet by: _____ Date: _____