



**ST. RAYMOND CATHOLIC CHURCH**

11555 Shannon Ave  
Dublin, CA. 94568  
925-828-2460

PLEASE RETURN COMPLETED  
BAPTISM APPLICATION WITH  
A COPY OF YOUR CHILDS  
BIRTH CERTIFICATE. Thank you!

**BAPTISMAL REQUEST**

**Child's Name:** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_  
Please print

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
City State

**Father's Full Name:** \_\_\_\_\_  
Please print: First Middle Last

**Baptized:** Yes \_\_\_ No \_\_\_ **Faith:** \_\_\_\_\_ **First Eucharist:** Yes \_\_\_ No \_\_\_ **Confirmation:** Yes \_\_\_ No \_\_\_

**Mother's Full Name:** \_\_\_\_\_  
Please print: First Middle Maiden Last

**Baptized:** Yes \_\_\_ No \_\_\_ **Faith:** \_\_\_\_\_ **First Eucharist:** Yes \_\_\_ No \_\_\_ **Confirmation:** Yes \_\_\_ No \_\_\_

**Married:** Yes \_\_\_ No \_\_\_ **If yes, by a Catholic Priest or Deacon:** Yes \_\_\_ No \_\_\_

**Home Address:** \_\_\_\_\_ **Apt.#** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work # (Dad):** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work # (Mom):** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Father's Signature:** \_\_\_\_\_

**Mother's Signature:** \_\_\_\_\_

**GODPARENTS: (Please Note: Must be a Confirmed practicing Catholic and over the age of 16)**

**Godfather's Name:** \_\_\_\_\_ **Faith:** \_\_\_\_\_  
Please print

**Confirmed:** Yes \_\_\_ No \_\_\_

**Godmother's Name:** \_\_\_\_\_ **Faith:** \_\_\_\_\_  
Please print

**Confirmed:** Yes \_\_\_ No \_\_\_

**May the Lord bless you and keep you in His  
peace!**  
**St. Raymond Parish**

Registered Parishioner: \_\_\_\_\_  
Donation Payment: \_\_\_\_\_  
Class Information: Parent \_\_\_\_\_  
God parents \_\_\_\_\_  
Baptism Date: \_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

PDS \_\_\_\_

Priv. Bap \_\_\_\_ Mass Book \_\_\_\_

SRB \_\_\_\_