

Godparent A

Name of the Child to be baptized:			
Name of the proposed Godparent:	:		
Home Address:			
Phone Number:	Email Address	s:	
Baptized in the Roman Catholic Chur	rch: No		
Yes Church	City		State
Celebrated First Communion in the	Roman Catholic	Church: N	0
Yes Church	City		State
Celebrated Confirmation in the Ror	man Catholic Chu	ırch: No	
Yes Church	City		State
If married, married in the Catholic C	Church Yes	No	Single
If not married in the Church, was the m	narriage validated ir	n the Catho	olic Church: Yes_ No_
Registered member of St. Pius V Cath	nolic Church:	Yes	No
If not, what parish are you register	ed in:		
value or angiele in a the authorise Ct. Divis V. Cathle		ما معالم مالم	
your parish is other than St. Pius V Cathour current parish, have it completed a	•		
 7691 Orangethorpe Avenue, Buer 			
 Fax to the Parish Office: (714) 522- 		(7 thermon.	baptisitial Coolailiator
 Or email SPVBaptism@stpiusvbp.o 			
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To be completed by the godparent's po	arish (if applicable)): Church :	seal required
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I certify that Godparent's full name	is a	ı registered	member of this parish.
Parish Name:			
			Date