



ܩܘܪܝܢܘܨܐ ܕܩܘܪܝܢܘܨܐ ܕܩܘܪܝܢܘܨܐ ܕܩܘܪܝܢܘܨܐ ܕܩܘܪܝܢܘܨܐ

Holy Apostolic Catholic Assyrian Church of the East ❖ Diocese of California

BAPTISMAL INFORMATION SHEET

Parish of St. _____

Child's Name: _____ Male Female

Date of Birth: _____ Date of Baptism: _____

Place of Birth: City: _____ State: _____ Country: _____

God Father's/God Mother's Name: _____

Father's Name: _____

Mother's Name: _____

Home Address: _____

_____ State: _____ Zip: _____

Telephone (Father): (H) _____ (C) _____

Telephone (Mother): (H) _____ (C) _____

Email Address (Father): _____

Email Address (Mother): _____

Paid Membership: Yes No - Parish: St. _____

FOR OFFICE USE ONLY

Celebrant of the Sacrament: _____ Certificate No: _____

Parish Name: _____ Date Recorded in Register: _____

Membership Application Sent on: _____

Received/Recorded By: _____ Date: _____