



HOLY CROSS CHURCH
210 High Street Santa Cruz, CA 95060
BAPTISM

Please fill out the forms with full names and print letter.

Name of **Child** _____

Date of Birth _____ Place of Birth _____

Father's Name _____

Religion _____ Attend Mass? _____ where? _____

How often? _____

Residence _____ Telephone _____

City _____ State _____ Zip/Cp _____

Mother's First & Maiden name _____

Religion _____ Attend Mass? _____ where? _____

How often? _____

Residence _____ Telephone _____

City _____ State _____ Zip/Cp _____

Godparent _____

Religion _____ Attend Mass? _____ where? _____

How often? _____

Residence _____ Telephone _____

City _____ State _____ Zip/Cp _____

First Communion _____ Confirmation _____ Catholic Marriage _____

Godparent _____

Religion _____ Attend Mass? _____ where? _____

How often? _____

Residence _____ Telephone _____

City _____ State _____ Zip/Cp _____

First Communion _____ Confirmation _____ Catholic Marriage _____

Donation to cover the expenses: \$50.00