San Jose Chinese Catholic Mission 聖荷西華人天主堂

725 Washington Street, Santa Clara, California 408-758-8961

Baptism Request Form 領洗申請表

Legal Name 法定姓名	(English)			(中文)		
Baptism Name _{聖名}	(English)			(中文)		
Address 地址						
Phone 電話		Email 電郵				
Birth Date 出生年月日						
Birth Place 出生地	(English	1)		(中文)		
Godfather's Name 代父姓名	(English	1)		(中文)		
Godmother's Name 代母姓名	(English	1)		(中文)		
Father's Name 父親姓名	(English			(中文)		
Mother's Name 母親姓名	(English	1)		(中文)		
Father's Religion 父親宗教信仰	Religion 父親宗教信仰			Mother's Religion 母親宗教信仰		
For Full Communion 已領洗之基督教徒*						
(receive First Communion and Confirmation only 只領堅証與聖體聖事)						
Date of Baptism 領洗日期* Na:		Name and Address of the Baptized Church 教堂名稱及地址*				
Office Use Only						
Priest's Name: ^(English) Fr. Carlos Alberto Olivera ^(中文) 歐維禮神父						
Date of Sacrament: Cert			tificate was mailed on			
Sacrament ReceivedBaptism First Communion**Confirmation**						
Sacrament Reg. # Baptis	sm 1		st Communion**		Confirmation**	
Notes				<u>.</u> .		

^{*} required fields for our Christian brothers and sisters.

^{**} RCIA and Full Communion only