



**SAINT MARY MAGDALENE  
CATHOLIC CHURCH**

8540 Weirick Road, Corona, CA 92883  
MAILING: PO BOX 78261, CORONA, CA 92877  
Phone: (951) 277-1801 ext 408 Fax: (951) 277-2104

**GODPARENT BAPTISM CLASS REGISTER**

Class Session: \_\_\_\_\_

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a Confirmed Roman Catholic?  YES  NO

If not, which Christian Church? \_\_\_\_\_

**At least one Godparent must be Catholic**

---

**OFFICE USE ONLY**

**FEE: \$25 PER PERSON**

DATE REC'D \_\_\_\_\_ BY \_\_\_\_\_ TOTAL FEES \_\_\_\_\_ AMT PAID \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_