## St. Therese Church ~ Baptismal Information Sheet ~

## **PLEASE print!**

Your baptism certificate will be typed and printed from the information you provide on this form, so it is important to *print clearly*.

| Application/Interview                           | / Date:                                            |                                                        |                                                                                                                  |
|-------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Name of Child:                                  |                                                    |                                                        |                                                                                                                  |
|                                                 | First                                              | Middle                                                 | Last                                                                                                             |
| Date of child's Birth: _                        |                                                    | City of Birth:                                         |                                                                                                                  |
| Child's Father's Name                           | :                                                  |                                                        |                                                                                                                  |
| Child's Mother's Name                           | 2:                                                 |                                                        |                                                                                                                  |
| **Mother's <u>Maiden</u> N                      | lame:                                              |                                                        |                                                                                                                  |
| Home Address:                                   |                                                    |                                                        |                                                                                                                  |
| City & zip:                                     |                                                    | Phor                                                   | ne #:                                                                                                            |
| E-mail Address:                                 |                                                    |                                                        |                                                                                                                  |
| *Godfather                                      |                                                    |                                                        | Religion:                                                                                                        |
| *Godmother                                      |                                                    |                                                        | Religion:                                                                                                        |
| Are the Godparents m                            | arried to each ot                                  | ther? Yes: No: _                                       |                                                                                                                  |
| Are you a registered n                          | nember of St. Th                                   | erese Parish? Yes:                                     | No:                                                                                                              |
| two, only one male an<br>role of Godparent, a p | d one female Go<br>erson must:<br>of age; and 2) B | dparent is to be employe<br>e a practical (practicing) | d have <i>at least one</i> Godparent. If<br>d (Can. 873). To be admitted to the<br>Catholic who has received the |

<u>\*Please note: A Baptized person who belongs to a non-Catholic ecclesial community MAY</u> <u>NOT serve as a Godparent – ONLY as a Christian Witness together with a Catholic Godparent</u> <u>(Can. 874)</u>

\*\* Please provide a copy of your child's birth certificate & payment at the preparation class

| Baptism approved by Pastor for Latin Rite                |                              |  |  |  |
|----------------------------------------------------------|------------------------------|--|--|--|
| Date entered in Church calendar as necessary for Baptism |                              |  |  |  |
| Couple properly prepared for the Baptism                 |                              |  |  |  |
| Godparents verified and properly prepared for            | the role of Godparent        |  |  |  |
| Birth Certificate attached                               |                              |  |  |  |
| Presider:                                                |                              |  |  |  |
| Baptism Date:                                            |                              |  |  |  |
| Pastor's signature:                                      | Date:                        |  |  |  |
| OFFICE USE ONLY:                                         |                              |  |  |  |
|                                                          |                              |  |  |  |
| Baptism Date:                                            |                              |  |  |  |
| Presider:                                                |                              |  |  |  |
| Comments:                                                |                              |  |  |  |
| Recorded: Yes: Date:                                     | _By:                         |  |  |  |
| Fee of \$100.00 (\$25.00 for class and supplies - S      | 75 00 donation for provider) |  |  |  |

\_\_\_\_ Birth Certificate attached