

BAPTISMAL REGISTRATION FORM FOR INFANTS - ST. MICHAEL'S PARISH

****Side 1 and 2 of this registration must be completed prior to setting a date for your child's baptism****

NAME OF CHILD: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

NAME OF MOTHER: _____
FIRST MIDDLE LAST

RELIGION OF MOTHER: _____

NAME OF FATHER: _____
FIRST MIDDLE LAST

RELIGION OF FATHER: _____

ARE YOU MARRIED? _____ NAME OF CHURCH: _____

IF NOT MARRIED IN A CHURCH, WHERE WERE YOU MARRIED? _____

DATE OF MARRIAGE: _____ NUMBER OF CHILDREN: _____

AGES OF OTHER CHILDREN: _____

MAILING ADDRESS: _____

DAYTIME PHONE: _____

EMAIL ADDRESS: _____

Are you a Registered Parishioner of St. Michael's Parish? _____ (If not, please call the Church office)

****PLEASE NOTE THE FOLLOWING WHEN CHOOSING GODPARENTS FOR YOUR CHILD****

*A person may only have one or two godparents (also called sponsors); if two are chosen, one must be male and one must be female.

*The godparents must be chosen by the parents

*The godparent must have the ability and the intention to fulfill the role and be at least 16 years of age.

*The godparent must be a Confirmed Roman Catholic who has already received the Most Holy Eucharist, is leading a life in harmony with the Catholic Faith (including Marriage) and will be a good role model for the one being baptized.

*The godparent must be neither the father nor the mother of the child.

*A baptized person who belongs to another Christian community may be admitted only as a "Christian witness: (not a godparent) provided that there is at least one Roman Catholic godparent who fulfills the above criteria.

*A non-baptized person cannot be a witness.

FIRST GODPARENT/SPONSOR:

NAME : _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ SEX: Male ___ Female ___

CHURCH OF BAPTISM: _____ CHURCH OF CONFIRMATION: _____

SECOND GODPARENT/SPONSOR:

NAME : _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ SEX: Male ___ Female ___

CHURCH OF BAPTISM: _____ CHURCH OF CONFIRMATION: _____