

SAINT PAUL CATHOLIC CHURCH
BAPTISM REGISTRATION FORM
(please print clearly)

ARE YOU A REGISTERED MEMBER OF SAINT PAUL YES ____ NO ____

DATE BAPTISM CLASS TAKEN _____

Child's Full Name (First, Middle, Last): _____

Date of Birth: _____ City of Birth/State: _____

PARENT'S INFORMATION

PLEASE ATTACHED A COPY OF CHILD'S BIRTH CERTIFICATE

Father's Full Name: _____

Religion of Father: _____

Mother's Full Name (Maiden): _____

Religion of Mother: _____

Parents Married by a Priest: YES NO

Home Address: _____

City: _____ State _____ Zip Code _____

Home/Cell Phone Numbers: _____

Email Address: _____

GODPARENTS -Saint Paul follows Canon Law for requirements regarding godparents. These are not a judgement on other people, but rather a way to ensure that a child baptized into the Catholic Church has a Godparent who can relate to their faith and help to pass it on. Canon Law sections 872-874 state that Godparents for baptism are:

- at least 16 years old
- have received the sacraments of Baptism, Eucharist and Confirmation
- not the child's mother or father

One Godparent is acceptable; if two are chosen then one should be male and one female. No more than two Godparents (one male one female) can be listed in the Church Register.

Godfather's Full Name: _____

Is Godfather Catholic: YES NO

Godmother's Full Name: _____

Is Godmother Catholic: YES NO

Are the *Godparents* registered members of Saint Paul Catholic Church YES _____ NO _____

If NO, please attach a “Good Standing Letter” from their parish.

Date Godparents attended a Baptism Class: _____

If Needed:

Proxy's Full Name: _____ Religion _____

Was the child adopted? YES _____ NO _____

CELEBRANT: _____

An appointment with the Priest or Deacon: _____

Appointment with Priest or Deacon was confirmed this date _____

My signature below states that I have submitted all the required paperwork, along with having a confirmed appointment with the Priest/Deacon.

_____ Father's or Mother's signature

**PLEASE SCAN THE COMPLETED FORM PLUS ALL THE REQUIRED DOCUMENTS TO:
BAPTISMS@SPCCNB.ORG OR CAN BE GIVEN TO THE CHURCH OFFICE.**

For Office Use Only

Baptized By: _____

Date of Baptism: _____

Date Recorded in Registry: _____