

DATE OF BAPTISM: _____

TIME: _____

PLEASE PRINT



*St. Mary
of the
Angels*

Baptismal Registration Form

1. Full name of the person to be baptized _____ Sex: F ___ M ___

2. Date of birth _____ 3. Place of birth: City: _____ State _____

3. Was the child baptized privately? No _____ Yes _____ If yes, Date _____

4. Does he/she have any brothers and/or sisters? ___ How many? ___ Their names _____

5. Address _____ City _____ State _____ Zip _____

6. Father's full name _____

7. Phone number _____ e-mail _____

8. Religion _____ Practicing Catholic? Yes ___ No ___

9. Sacraments received: Baptism ___ Confirmation ___ Holy Communion ___ Other _____

10. Interested in learning more about the Catholic faith? Yes ___ No ___

11. Mother's "full Maiden Name" _____

12. Phone number _____ e-mail: _____

13. Religion _____ Practicing Catholic? Yes ___ No ___

14. Sacraments received: Baptism ___ Confirmation ___ Holy Communion ___ Other _____

15. Interested in learning more about the Catholic faith? Yes ___ No ___

16. Are you married?

a. Yes ___ a) In the Catholic Church? ___ b) Civil marriage ___ Other Church _____

b. No ___ Would you like to explore being married in the Catholic Church? Yes ___ No ___ Maybe ___

17. Are you parishioners of St. Mary of the Angels? Yes ___ No ___ If not, what parish are you registered at and/or attend Mass? _____

18. How did you hear of St. Mary of the Angels? _____

19. How often do you attend Mass at St. Mary of the Angels? Weekly ___ Monthly ___ Other _____

20. Would you like to become a parishioner? Yes ___ Not ___ Maybe ___

21. Godfather's full name _____ Religion _____ Age _____

22. Email: _____ Phone No _____

23. Godmother's full name _____ Religion _____ Age _____

24. Email: _____ Phone No _____

Attendance: To be completed by the teacher of the class.

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Godfather	<input type="checkbox"/> Godmother
Class Date: _____	_____	_____	_____
Parish: _____	_____	_____	_____
Person who taught the class _____			
Testimonial Letter: <input type="checkbox"/> Godfather	<input type="checkbox"/> Godmother	<input type="checkbox"/> Copy of Birth Certificate of the child	
Minister of Baptism _____	GODFRIEND _____		

To have your young children baptized at Saint Mary of the Angels, you must:

- 1) **Choose Godparents:** A Godparent must be a **practicing Catholic**, at least sixteen years old, have received First Communion and Confirmation, and be able to fulfill the responsibility of exemplifying a Catholic way of life by living in full harmony with the Catholic faith (*Cf. Code of Canon Law, 874*). Only one Godparent is required (*if you choose to have two, one must be male and one female*).
- 2) **Attend Baptismal Instruction (required for both Parents and Godparents) before the baptism ceremony can take place.** *You do not need to take the class again if you have attended a class for a previous Baptism within the last three years; just provide the certificate of attendance at least a week before the Baptism takes place.*

Our schedule for Baptismal Instruction is as follows:

English and Spanish – 2nd Tuesday of the month from 6:30–8:30 pm. ***Please register beforehand** on our website: sma-church.org

- 3) **Reserve a Date for the Baptism Ceremony.**

English: – First and Third Sunday of the month at 1:30 pm
Spanish: – Second Sunday at 1:30 pm and third Saturday at 9:30 am

Documents Required for the Baptism:

1. Completed Registration Form.
2. Copy of your child's birth certificate.
3. Godfather's Testimonial letter, signed and sealed by his parish.
4. Godmother's Testimonial Letter signed and sealed by her parish.

The Baptism date can be reserved by completing and returning this form to the Parish Office with a photocopy of your child's birth certificate.