

SACRAMENT OF BAPTISM REQUEST

(For children 7 years of age or younger)

TODAY'S DATE _____ PARENT MTG. DATE _____ BAPTISM DATE _____

CHILD'S LEGAL NAME _____ MALE ___ FEMALE ___
(First, Middle and Last)

BIRTHDATE _____ CITY AND STATE OF BIRTH _____

HAS CHILD BEEN BAPTIZED BEFORE - YES/NO

IF "YES" DATE OF BAPTISM _____ WHERE WAS BAPTISM RECEIVED _____

IS CHILD ADOPTED - YES/NO PROOF OF ADOPTION AVAILABLE - YES/ NO

FATHER'S LEGAL NAME _____
(First, Middle, Last)

IS FATHER CATHOLIC - YES/NO IF "NO", DENOMINATION _____

ADDRESS _____
(Please include City, State and Zip Code)

PHONE # _____ EMAIL _____

MOTHER _____ (_____)
(First, Middle, Last) (Maiden Name)

IS MOTHER CATHOLIC - YES/NO IF "NO", DENOMINATION _____

ADDRESS _____
(Please include City, State and Zip Code)

PHONE # _____ EMAIL _____

ARE PARENT'S MARRIED - YES/NO

SACRAMENTAL MARRIAGE IN CATHOLIC CHURCH- YES/NO

DATE/PLACE OF MARRIAGE _____

ARE PARENTS REGISTERED AT ST. FRANCES CABRINI - YES/NO

REGISTERED AT ANOTHER CHURCH _____
(Parish name, city & state)

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Requirements for a Godparent

- I am 16 years of age or older and understand this responsibility.
- I have received the sacraments of Baptism, Confirmation and Eucharist.
- I know the fundamental truths of the Catholic faith, and I attend Mass on Sunday and Holy days of obligation.
- I am canonically free to carry out this responsibility; meaning, if married, it is a sacramentally valid marriage in the Catholic Church.
- I am a registered, active member of a parish.
- I am not living with someone outside of a sacramentally valid Catholic marriage.
- I understand this important role is to be a model of one living the Catholic faith.
- I am not the father or mother of the one to be baptized.

When choosing your child's godparent(s) please remember there is to be only one male sponsor or one female sponsor or one of each.

A baptized person who belongs to a non-Catholic ecclesial community is not to participate except together with a Catholic sponsor and then only as a witness of the baptism.

GODFATHER'S LEGAL NAME _____
(First, Middle and Last)

ADDRESS _____
(Please include City, State and Zip Code)

PHONE # _____ **EMAIL** _____

IS GODFATHER CATHOLIC - YES/NO IF "NO" WHAT DENOMINATION _____

GODFATHER'S HOME PARISH _____
(Parish name, city & state)

GODMOTHER'S LEGAL NAME _____ (_____)
(First, Middle, Last) (Maiden Name)

ADDRESS _____
(Please include City, State and Zip Code)

PHONE # _____ **EMAIL** _____

IS GODMOTHER CATHOLIC - YES/NO IF "NO" WHAT DENOMINATION _____

GODMOTHER'S HOME PARISH _____
(Parish name, city & state)

Each Godparent is required to complete and submit a "Godparent Baptismal Form" to the Parish Office.