

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 _____                              |                                    |                                                                 |                                    |

**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** – 2<sup>nd</sup> Tuesday of the month from 6:30–8:30 pm. **\*Please register beforehand** on our website: [sma-church.org](http://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 and fourth Sunday of the month at 1:30 pm

**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.**