

**Saint Raphael Parish**  
514 High Street  
Medford, Massachusetts 02155-6722  
(781) 488-5444

Dear Parents:

Please accept my congratulations and warmest wishes to you and your family on the birth of your new baby. You have received one of God's choicest blessings. At the same time, you have accepted an obligation and share a responsibility that is important to you and to all of us in Saint Raphael Parish. Baptism is the most important event in your spiritual lives, the beginning of a new life in Christ and His Church. Your role as parents, the primary educators of your child, begun at conception, now takes on a new focus and importance.

Noted below are requirements for Godparents.

Sincerely in Christ,  
Father Paul Coughlin

**Baptism:**

**Time:**

**Place: Saint Raphael Church**

**Godparents:** The role of the Sponsor or Godparent is, together with the parents, to present the child for baptism and to help the child live a Christian life befitting the baptized and faithfully to fulfill the duties inherent in baptism. The Sponsor **must** be a **Catholic** who has **received** Confirmation and **practices** their faith. Also, there can be no more than two Sponsors, one of each sex. No young person who has not been Confirmed can be a Sponsor. Please understand these are Church regulations and are to be followed.

\*There is a suggested Baptismal Offering of \$100.00 which goes to the support of the Parish. However, any offering, whatever your financial situation allows is fine.  
Thank you.

**\* KINDLY COMPLETE THE ENCLOSED FORM AND RETURN IT TO US AS SOON AS POSSIBLE. THANK YOU.**

## Saint Raphael Parish Baptism Registration Form

514 High St. Medford, MA 02155 | 781-488-5444

Please either mail completed form to the Parish Center or email it to:

[mpaone@straphaelparishschool.org](mailto:mpaone@straphaelparishschool.org)

DATE OF BAPTISM: \_\_\_\_\_

### CHILD

Name of child \_\_\_\_\_  
(first) (middle) (last)

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Place of Birth \_\_\_\_\_  
(Hospital) (City) (State)

### PARENTS

Father's name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's first and maiden name \_\_\_\_\_ Religion \_\_\_\_\_

Family Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Church where you were married: \_\_\_\_\_  
(Name) (City/Town)

### GODPARENTS

Godfather's name \_\_\_\_\_

Godfather's religion \_\_\_\_\_ If Catholic, has he been Confirmed? \_\_\_\_\_

Godmother's name \_\_\_\_\_

Godmother's religion \_\_\_\_\_ If Catholic, has she been Confirmed? \_\_\_\_\_

Has the baby been previously baptized (e.g. in a hospital)? \_\_\_\_\_

Will there be proxy godparents? If so, give name and religion.

\_\_\_\_\_  
\_\_\_\_\_

Are you registered members of St. Raphael's Parish? \_\_\_\_\_ If not, would you like to be? \_\_\_\_\_