

Rite of Baptism

Anticipated date	of baptism	_ / /			
Primary contact	PLEASE PRIN	NT LEGIBLY			
Name					
Relationship to ch	ild				
Phone	()				
Email					
Child's residence Address	Street				
	City	State		Zip Cod	le
Baptismal Prepa	ration				
Are the parents registered at Ste Gen?			Yes		No□
Were the parents married in the Catholic Church?			Yes		No□
Is this your first child to be baptized?			Yes		No□
Officiating Pries	t or Deacon				
Priest/Deacon					
Complete the section	n below if using a	priest other than th	ie Ste. G	en Pas	tor
Archdiocese					
Address					
Phone ()					
Email					
Received Clergy Letter of Aptitude			Yes ☐ No□		

Information for the Baptismal Register

Child's Full Legal Name as shown on Birth Certificate-PLEASE PRINT LEGIBLY

First	
Middle	
Last	
City/State of Birth	
Date of Birth/	
Parents Full Legal Name-PLEASE PRINT	T LEGIBLY
Father	Religion
Mother (MAIDEN NAME)	Religion
Godparents 1. Godparents should be at least 16 years of	age.
2. Godfather must be male and Godmother	must be female.
3. At least one Catholic Godparent is necessa. Communion.	ry who has received Baptism and First Holy
4. If a non-Catholic is desired as a Godparen another denomination however there must althe above criteria.	nt, he/ she must be a baptized Christian of Iso be one Catholic Godparent who meets all
Godfather	
(check one) Catholic Godparent□ non-Cath	olic Christian Witness□
Full Legal Name	
Proxy (if Godfather is not present)	
Godmother	
(check one) Catholic Godparent□ non-Cat	holic Christian Witness□
Full Legal Name	
Proxy (if Godmother is not present)	