



Checklist for Baptism Prep

Christ the King of Browerville, St. John the Baptist of Swanville

St. Joseph of Clarissa, St. Joseph of Grey Eagle, St. Mary of Mount Carmel of Long Prairie



Please **complete** the attached packet and submit to the Parish Office before attending the required baptism class. Class must be taken by the parents. It is option for Godparents. The class is required for new parents and then every 5 years. **The first three forms are required.**

_____ Request for Baptism form completely filled out.

_____ Requisites for Godparent at Baptism (one form must be filled out and signed for ***each*** godparent).

_____ Copy of the child's birth certificate. (The office can make a copy if need be).

The packet must be complete before turning back into the office. If you have any questions contact your Parish Office. Contact information is listed below.

St. Joseph, Grey Eagle

118 Minnesota St., PO Box 366

Grey Eagle, MN 56336

Phone: 320-285-2545

Email: GreyEagle@fivestaracc.org

St. Mary of Mount Carmel, Long Prairie

409 Central Avenue

Long Prairie, MN 56347

Phone: 320-732-2635

Email: LongPrairie@fivestaracc.org

St. Joseph, Clarissa

105 John St. S., PO Box 5

Clarissa, MN 56348

Phone: 218-756-2205

Email: Clarissa@fivestaracc.org

Christ the King, Browerville

720 Main St., PO Box 68

Browerville, MN 56438

Phone: 320-594-2291

Email: BrowervilleFF@fivestaracc.org



St. John the Baptist, Swanville

21 1st St., PO Box 68

Swanville, MN 56382

Phone: 320-247-2920

Email: Swanville@fivestaracc.org

Updated: 5.30.2025



Request for Baptism



Christ the King of Browerville, St. John the Baptist of Swanville
St. Joseph of Clarissa, St. Joseph of Grey Eagle, St. Mary of Mount Carmel of Long Prairie

Please complete this form and the sponsor form(s). Bring completed forms and a **copy of the birth certificate** to the Parish Office before baptism/baptism classes.

Child's Name:

First _____ Middle _____ Last _____

Birthdate: _____ Birthplace: _____

Address: _____

Father's Name: _____ Mother's Name: _____

Phone: _____ Maiden Name: _____

Email: _____ Phone: _____

Email: _____

Current parishioner: Yes No

Which parish is the family registered at: _____

Godfather's Name: _____ ☐ Catholic Christian ☐ Non-Catholic Christian

Godmother's Name: _____ ☐ Catholic Christian ☐ Non-Catholic Christian

Note: At least one godparent must be Catholic.

Have the parents taken a baptism prep class: Yes No

(This is required for the first child and then every five years).

If yes, date and location of class: _____

Requested baptism date: _____ Time: _____

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Requisites for a Godparent at Baptism

Christ the King of Browerville, St. John the Baptist of Swanville

St. Joseph of Clarissa, St. Joseph of Grey Eagle, St. Mary of Mount Carmel of Long Prairie



Please complete this and submit to the Parish Office no later than two weeks before the baptism.

Sponsor's Name:

First

Middle

Last

I have been asked to serve as a (circle one) Godfather / Godmother for: _____
Name of Child

who is the son / daughter of (name of parents): _____

I am a participating member of this church: _____

located in the city and state of: _____

As a baptized Catholic, I affirm that:

_____ I am at least 16 years of age and have received the following Sacraments of Initiation:

_____ Baptism _____ Eucharist _____ Confirmation

_____ I regularly participate in Sunday Mass, participate in my parish by giving of my time, talent and/or treasure and I live a life in keeping with the Catholic Faith.

_____ (If married) I am joined to my spouse in the Sacrament of Holy Marriage through a wedding in the Catholic church.

As a baptized non-Catholic Christian, I affirm that:

_____ I am at least 16 years of age.

_____ I regularly participate in Sunday worship, participate in my parish community by giving of my time, talent, and/or treasure and I live a life in keeping with my professed Christian faith.

_____ I was not originally baptized in the Catholic Church.

Signature: _____

Date: _____

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