



9669 Kraft Ave, SE Caledonia, MI 49316
Phone: 616.891.9259 Fax 616-891-1346
parishoffice@holyfamilycaledonia.org

PARENT ACKNOWLEDGEMENT

Please read and sign below as applicable.

As parents/guardians, we have read and understand all the information regarding baptism provided on the Holy Family Catholic Parish website. We understand and agree to follow the norms, policies and guidelines for the Sacrament of Baptism as established by the Holy Catholic Church, the Diocese of Grand Rapids and Holy Family Catholic Parish.

We personally believe all that Christ teaches us; we are dedicated to the Christian way of life and we desire to pass on to our children the joy of our Catholic Faith.

We understand how Almighty God holds us responsible for the Catholic upbringing of our baptized child. We acknowledge how the child's first school is the home, where as first teachers of our children we shall endeavor to set the pattern for true Catholic living. In particular, we acknowledge our duty to promote family prayer and to be faithful in our responsibility to attend Sunday Mass.

We are aware that under our care, our child must be prepared carefully for the reception of the Sacraments of Reconciliation, Holy Communion and Confirmation. We realize that sacrifices will be asked of us as we continue to educate our child in the Catholic Faith. We pray that God will assist and enable us to make these sacrifices and that through His Grace, our family may grow together in holiness.

With this understanding, we request the Sacrament of Baptism at Holy Family Catholic Parish for our child

(Name of Child)

PARENTS:

Signature of Catholic Father: _____ Date: _____

Printed Name of Catholic Father: _____

Signature of Catholic Mother: _____ Date: _____

Printed Name of Catholic Mother: _____

GUARDIANS:

Signature of Guardian: _____ Date: _____

Printed Name of Guardian: _____

Signature of Guardian: _____ Date: _____

Printed Name of Guardian: _____