

INFANT BAPTISM REQUEST FORM

E-Church System

echurchsystem@gmail.com

PLEASE PRINT ALL INFORMATION

oday's Date:		E-mail Add	ress:				
NFORMATIO	N ABOUT T	HE CHILD					
HILD'S NAME:							
	(Fi	rst)	(Middle)	(Last)			
ATE OF BIRTH:			PLACE OF BIRTH				
	(M	onth/Day/Year)		(City/State)			
IFORMATIO	N ABOUT T	HE PARENTS (Gua	rdians)				
ATHER:							
	(First)	(Middle)	(Last)	(Religion)			
OTHER:							
	(First)	(Middle)	(<u>Maiden</u>)	(Religion)			
1AILING ADDRE	ESS:						
		(Street)		(Apt.)			
		(City)	(State)	(Zip)			
			E-MAIL				

REQUIREMENTS FOR PARENTS REQUESTIN BAPTISM FOR ANINFANT/CHILD:

Parents/guardians must accept the responsibility of raising the infant/child in the practice of the Catholic Faith and nurture that Faith at home and within a Catholic parish. Godparents and the local parish community will assist the parents/guardians with the teachings of the Church.

INFORMATION ABOUT THE BAPTISMAL GODPARENTS

Godparents must be:

- Fully initiated Catholics having the sacraments of Baptism, Confirmation and First Eucharist.
- Be at least 16 years of age,
- Be practicing Catholics who lead a life in harmony with the faith and the role to be undertaken,
- If married, they should have been married in a Catholic ritual. (The Code of Canon Law, c. 874). A baptized non-Catholic is **not** eligible to serve as a baptismal godparent. However, he or she may serve as a Christian witness. Only one godparent is required. If a godparent is not able to be present, that godparent may request a proxy to stand in her/his place.

1. GODPARENT'S NAME	:		RELIGION:		
	(First)	(Middle)	(Last)		
MAILING ADDRESS: _					
	(Street)			(Apt.)	
-	(City)		(State)	(Zip)	
Sacraments re	eceived: Baptism?	_ Confirmation? _	Eucharist?		
(Proxy:)
	(First)	(Middle)		(Last)	
2. GODPARENT'S NAME	:			_RELIGION	
	(First)	(Middle)	(Last)		
MAILING ADDRESS: _					
	(Street)			(Apt.)	
-	(City)		(State)	(Zip)	
Sacraments re	eceived: Baptism?	_ Confirmation? _	Eucharist?		
(Proxy:)
	(First)			(Last)	