St. Ignatius of Loyola Catholic Community

Baptism Information Form

To schedule your child's Baptism, please return the following to the parish office: 1) the completed **BAPTISM INFORMATION FORM** 2) your child's official birth certificate; 3) proof of completion of the 2 baptismal classes by both parents; and 4) the completed **INFORMATION FORM FOR GODPARENTS** for both godparents. Baptism cannot be scheduled until all of this paperwork is complete. Please check our Baptism schedule availability on the parish website before making plans. www.silcc.org/infant-baptisms

Date of Scheduled Baptism:

Date Submitted:

Child s Information							
Name:			Du		Due Date:	Oue Date:	
(First)	(M	iddle)	(Last)	(Last) (if applicable)		e)	
Male Female	Birth Date:		Birthplace:				
	(MM/	DD/YY)	(City))		(State)	
THE CHILD'S OFFICIAL BIRTH CERTIFICATE MUST BE SUBMITTED TO SCHEDULE THE BAPTISM. A HOSPITAL VERIFICATION OF BIRTH FACTS IS NOT ACCEPTABLE. YOU MAY ASK THE COORDINATOR OF LITURGY AND SACRAMENTS TO MAKE A COPY TO BE KEPT BY THE OFFICE.							
Parent Information							
Mother:							
(First)	(Middle)		(Maiden)		(Last)		
Religion:	Baptism						
	(Name	(Name of Church) (City)		7)	(State)		
Father:							
(First)	(First) (Mi		ddle)		(Last)		
Religion:	Baptism						
	(Name	of Church)	(City) (State)		(State)		
Address:							
(Number and Stree	t)	(C	ity)	(Zip)	p) (Subdivision)		
Phone:					Email:		
Mother or Father? (Home)	Mother or I	Father? (Work)	er? (Work) Mother or Father? (Cell) Mother or		ther or Father		
Married:							
(Date) (Name of Church)	(Γ	Denomination)	(Cit	y)	(State)	
Registered Parish:							
(Name & City of Church)							
Will the Baptism be celebrated at St. Ignatius Loyola? Yes No							
If not at St. Ignatius Loyola, where? Church Name:							
	City:		State:				

At least one fully initiated (baptized, confirmed and receiving Eucharist) and practicing Catholic, at least 16 years old, is required. At most two godparents are allowed, in which case one must be male and the other female. They need not be married to each other. If they are married, they must be married in the Roman Catholic Church. **GODFATHER: EMAIL:** (Email Address) (Full Name) Address: (Number & Street) (City) (State) (Zip) **Church He Attends:** Religion: (Name of Church) (Denomination) GODMOTHER: **EMAIL** (Full Name) (Email Address) Address: (Number & Street) (City) (Zip) (State) **Religion: Church She Attends:** (Name of Church) (Denomination) Proxy (stand-in) for the godparent may be called on if the godparent is unable to be present. Proxy Godmother: Proxy Godfather: (Full Name if Necessary) (Full Name if Necessary) Christian Witness Information A baptized person belonging to a non-Catholic ecclesial community may be admitted as a Christian witness to baptism but only along with a Catholic godparent. A Catholic may not serve as a Christian witness. Name: (Full Name) **Church He/She Attends: Denomination:** (Name of Church)

Godparent Information

FOR CHURCH USE ONLY						
Priest/Deacon:	Baptism Date:					
Certificate Registry Number:	Volume:	Page:				
Parish ID:						