St. John Catholic Church

3921 Saint John Avenue • North Charleston, SC 29405 (843) 321-8403

Baptism Application		
Date of Workshop: Date of Baptism:		
Name (First, Middle, Last):		
Gender: Male Female		
Date of Birth:		
Place of Birth (City, State):		
Parent Information		
• Father's Name (First, Middle, Last):		
o Religion:		
Mother's Name (First, Middle, Last):		
o Religion:		
Address:		
Phone (Home):	_	
o Father's Cell:	Mother's Cell:	
Were the parents married by a priest o	r deacon?	
• Was the child adopted? Yes No	_	
• Was the child privately baptized? Yes _	No	
Godparent Information		
• Godfather's Name:	Catholic? Yes No	

•	Godmother's Name:	Catholic? Yes No	
	Proxy Godparent? Yes No	Gaanone: 165 116	
	o If yes, Name of Proxy:		
Parish	Requirements		
	• Families must be registered members of St. John Church in good standing and must use their assigned offertory envelopes for at least six months before scheduling a baptism.		
•	No baptisms are scheduled during Lent.		
•	At least one godparent must be Catholic.		
•	If a proxy represents a godparent, the proxy must be Catholic.		
•	If both godparents are represented by proxies, both proxies must be Catholic.		
	• .	ers of St. John Church must provide a letter letter must be received at least two weeks need to be rescheduled.	
Note o	on Selecting Godparents		
able an They m	atechism of the Catholic Church teaches the distance of the Catholic Church teaches the distance of the newly baptized or must live a life of faith consistent with the baptized person's spiritual growth.	•	
The Co	ongregation for the Doctrine of the Faith	has stated:	
	If it is not possible to find a suitable god one.	Iparent, baptism may be conferred without	
•	It is not permissible to allow an openly t	ranssexual person to serve as a godparent.	

My signature certifies that _____ attended the Baptism workshop at St. John Catholic Church, North Charleston, SC on _____.

Instructor's Signature: _____

Workshop Certification