

# HOLY GHOST CATHOLIC CHURCH

## BAPTISM REGISTRATION FORM

DATE OF INTERVIEW	INTERVIEWED BY
DATE OF BAPTISM:	CELEBRANT:

### CANDIDATE FOR BAPTISM INFORMATION

BAPTISM DATE REQUESTED: \_\_\_\_\_

- All children to be baptized must be under seven (7) years of age. All others must follow RCIA/RCIC.

NAME OF CHILD		
DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE)	AGE

### PARENTS

BAPTISMAL CLASS SCHEDULE: \_\_\_\_\_

NAME OF FATHER		RELIGION
NAME OF MOTHER	MAIDEN NAME OF MOTHER	RELIGION
ADDRESS	CITY	
STATE	ZIP CODE	TELEPHONE
ARE THE PARENTS MARRIED IN THE CATHOLIC CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER		ARE PARENTS REGISTERED MEMBERS OF THE PARISH? <input type="checkbox"/> YES <input type="checkbox"/> NO   FAMILY ID _____

### GODPARENTS

NAME OF THE GODFATHER	MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	TELEPHONE
HIS RELIGION	HIS CHURCH	DOES HE ATTEND CHURCH REGULARLY? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF THE GODMOTHER	MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	TELEPHONE
HER RELIGION	HER CHURCH	DOES SHE ATTEND CHURCH REGULARLY? <input type="checkbox"/> YES <input type="checkbox"/> NO

### Instructions

## GODPARENTS

- All godparents must be over 16 years of age and must have completed the Sacraments of Initiation: Baptism, First Communion, and Confirmation.
- If godparents are married, they must be married in the Roman Catholic Church.
- All godparents must be active and practicing Catholics (The role of a godparent is to assist the parents in raising the child in the faith in which he/she is baptized.)
- If the godparents are not parishioners of Holy Ghost, they must present a letter from their pastor certifying their credentials to be a godparent.

## Baptism Preparation Checklist

<b>For Holy Ghost Office Use Only:</b>		<input type="checkbox"/> Submitted Copy of Birth Certificate (Attached to this form)
Classes Attended: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Godmother <input type="checkbox"/> Godfather	Donation Paid: Amount: _____ Date: _____ Received By: _____	<input type="checkbox"/> Non-parishioner's permission from own Pastor attached.
Baptism class attended in the past 2 years: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy of pre-Baptism class certification from other church parish:		
Copy received for Godfather: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy received for Godmother: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date information entered in sacramental register: _____		
Date information entered in PDS: _____		
Person who entered the data: _____		
Signature of supervisor: _____		