St Benedict Catholic Church
950 Darrell Creek Tr.
Mt. Pleasant, SC 29466
843-216-0039
Deacon Stan Aviles
saviles@charlestondiocese.org

For office use only

Baptismal Date _____

Time

Baptismal Registration Form

God Bless you on your decision to prepare your child for the Sacrament of Baptism here at St Benedict. Parents should be registered and active part of the community for at least 6 months. In order for your child's baptism to take place, one or both parents must attend an approved baptismal preparation class (here or at another parish). Forms indicating the eligibility of Godparents (16+ yrs of age, baptized and confirmed Catholic in good standing) **must** be received prior to setting the date for the baptism. Assistance in finding a suitable Godparent can be arranged upon request.

Child's Full Name: _____ ❑Male ❑Female

Date of Birth: _____/_____/_____ City of Birth: _____ State: _____

Father's Full Name:_____ Religion:_____

Mother's Maiden Name:_____ Religion:_____

Address: _____

City: _____ State: _____ Zip: _____

Day time Phone (Father): _____ Day time Phone (Mother): _____

E-mail address His:_____ Hers_____

Sponsor/God Parent Form Required of each

You must have at least one active practicing Catholic as a Godparent.

Godfather: _____ Godmother: _____

Religion: _____ Religion: _____

Active member of _____ Parish Active member of _____ Parish

Proxy: _____ Proxy: _____

If your a registered member of another parish, you must have a letter granting permission to baptize from your Pastor

Are you a registered member of St. Benedict? ❑yes ❑no

If no, what parish? _____
(Name / City / State)

Have you attended a baptismal preparation class? ❑yes ❑no ❑excused

If yes, in what parish & when? _____
(Name / City / State)

Was this child adopted? ❑yes ❑no Was this child privately baptized? ❑yes ❑no

Were parents married by a Catholic priest? ❑yes ❑no Where? _____

Office Use Only Date of Baptism: _____/_____/_____ Recorded: _____/_____/_____

Priest/Deacon: _____ Entered in database: _____/_____/_____