

### St. Mary's Cathedral

22 WEST KIOWA ST. - COLORADO SPRINGS, CO 80903 PHONE (719) 473-4633 WWW.STMARYSCATHEDRAL.ORG

#### **Baptism Packet Checklist**

□ To be baptized at St. Mary's Cathedral, you must l of six months.	be a registered member in good standing for a minimum
$\square$ Baptism Information form completed and attached	I .
□ Copy of child's birth certificate attached	
☐ Godparent forms are complete, signed by the God showing all their sacraments are attached. There may	parents, and their recently issued baptismal certificates only be one Godfather and one Godmother.
□ Baptism Prep Class requirement has been met	
Both parents are asked to take a Baptism Prep Class. Office to register for the next class date. Classes are three from taking the class if you have baptized two or more cherep class within the last two years.	These classes are offered throughout our Diocese. Call the Parish hours long. You can be considered exempt nildren into the Catholic faith, or have taken a Baptism
We attended the Baptism Prep class on:	
☐ Class Certificate attached We are exempt from taking the class because:	
☐ We have baptized two other children	
☐ We took a Baptism Prep Class within the la Month/Year? Through which	
Once this Baptism Packet is completed and returned the Baptism. You may either mail or deliver the packed laytime phone number of the parent who should be considered.	to the church office you will be contacted to schedule at to the address noted above. Please list the name and a contacted to schedule the Baptism.
Vame	
Daytime Phone Number	
	Internal Use Only Baptism Scheduled for:  Baptism Date/Time: Date Recorded: Baptism Certificate Given/Sent Baptized By: Notes:



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### **Baptism Information Form**

Child's Information Please Print

Child's First Name	Mi	ddle Name		Last Name
☐ Male ☐ Female	Da	te of Birth		
City and State of Birth ( <i>This infor</i> You may still turn in the forms t born.	mation must match bir o the church. Call th	th certificate.) If the cle e Church Office to ac	hild is not yet bo ld this informati	orn, leave this blan ion after the baby i
Parent's Information				
Father's First Name	Middle		Last Name	
Catholic: ☐ Yes ☐ No				
Mother's First Name	Middle		Maiden Name	
Catholic: □ Yes □ No				
Street Address	Cit	y	State	Zip Code
Home Phone	Cel	l Phone		-
E-mail Address				-
I am a member of St. Mary's Cat	hedral Parish and my	Parishioner Number	· is:	
Godparent Information				
Godfather's First Name	Middle		Last Name	
Godmother's First Name	Middle		Last Name	
We/I affirm that all the informat for our child through St. Mary's (	ion provided above i Cathedral Parish. It i	s true. We/I are requ s our intent to raise o	nesting the sacra ur child as a Ro	ment of Baptism man Catholic.
Father's Signature	— ———— Date	Mother's Signatu		

#### **DIOCESE OF COLORADO SPRINGS**

228 N. CASCADE AVENUE, COLORADO SPRINGS, CO 80903

TEL: 719.636.2345 · FAX: 719.636.1216

Office of the Chancellor

Full legal name:

www.diocs.org

#### Godparent (sponsor) form For Baptism & Confirmation

A godparent is not essential they are to be had "in so far as

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possible". When no godparent is present, one witness need be designated (cf. Can. 875)

Please, fill out using the fillable .pdf or legibly print all information

Maiden name:

Phone for contact:	×	E-mail:	
			Country
	Gods	on/daughter Informatio	on:
Person for whom you ar	e to be a Godpar	ent:	
Your relationship with t	his person:		
Have you received the			
Baptism: Yes	No	Office notes:	
1 <sup>st</sup> Communion: Yes			
Reconciliation: Yes			
Confirmation: Yes_			
_		•	
******* <u>A RECEN</u> T	LY ISSUED COP	Y OF YOUR BAPTISMAL O	CERTIFICATE IS REQUIRED *******
t	INFORM	ATION ON YOUR BA	<u>PTISM</u>
Date of Baptism:	(	Church of Baptism:	
City of Baptism:		Country of	f Baptism:
			· ·
Check the appropriate sta	atement(s) below	and provide any informati-	on requested by each statement.
, 45 2021 . 1	* 1 0.4	1 1 11 d	
<ol> <li>What is your current</li> </ol>	,		
a. Si	ngle	c. Divor	ced
— b. M	arried	d. Widov	wed
2) If you are married, w	hat number is yo	ur current marriage	
a, 1		c. 3	
b. 2		d. Other	
	dealaration of m		
			iage for all prior marriages?
a. Ye	es .	b. No	c. N/A
If yes: Date and Dioc	ese issuing the d	eclaration of nullity:	·····
1) Does your current sp	ouse have any pr	ior marriages?	·
a. Ye	·S	b. No	-

5) Has your curr marriages?	ent spouse obtained a	declaration of	nullity o	r dissolut	tion of marriage for all prior
a.	Yes _	b. No		c.	N/A
6) Is your current	marriage recognized b	y the Church?			
a.		b			
7) Do you regular	ly receive the sacramer	nt of Reconciliat	ion (once	a year m	inimum)?
a.			No		
8) Do you receive	the Eucharist at least of	once a year durir	ig the Eas	ter seasoi	n?
a.	Yes		No	1	
	e the prescribed days of	f fasting and abs	tinence de	evoutly?	
	Yes	b.			
	Mass on Sundays and H	Ioly Days of Ob	ligation?		•
a.		b.	No		1
11) Do you help in	providing for the mater	rial needs of the	Church?		
a.	Yes	b.	No		
I understand that if	Incrent from your bapti I, or my spouse, have p canon law, or am not i	smal certificate, previously been 1	proof of narried o	that chan r are in a	form. If your name has been ge must be submitted.  In invalid marriage according anonically, I will not be able
Signature				Date	·

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Please, fill out using the fillable .pdf or legibly print all information

Full legal name:		Maiden name:	
		E-mail:	
Date of birth:	Age:	City/State of birth:	Country
	Gods	son/daughter Information:	
Person for whom yo	u are to be a Godpar	ent:	
Your relationship w	ith this person:	,	
Have you received	the sacrament of:	Office notes:	
Baptism: Ye 1st Communion: Ye	s No		To West 1
Reconciliation: Ye Confirmation: Ye	es No		
****** <u>A REC</u>	ENTLY ISSUED COF	Y OF YOUR BAPTISMAL CERTIFICATE	S REQUIRED ******
•	INFORM	ATION ON YOUR BAPTISM	
Date of Baptism:	f	Church of Baptism:	
City of Baptism:		Country of Baptism:	AMAZINI AMAZINI
Check the appropria	te statement(s) below	v and provide any information requested by	y each statement.
1) What is your cur	rrent marital status? (	circle all that apply)	
a.	Single	c. Divorced	
	Married	d. Widowed	
2) If you are marrie	ed, what number is yo	our current marriage	
a.	1	c. 3	
b.	2	d. Other	
. *		ullity or dissolution of marriage for all price	or marriages?
a.		b. No c. N/A	
•	_	leclaration of nullity:	
,	nt spouse have any p	-	
a.	Yes	b. No	

	a. Yes	b. No	c.	N/A
6) Is your curr	rent marriage recognize		0.	14/21
· •		b.	No	
7) Do you regu	ularly receive the sacra	ment of Reconciliation	ı (once a year m	inimum)?
	a. Yes	b.		,
8) Do you rece	eive the Eucharist at lea	ast once a year during t	he Easter season	1?
	a. Yes	b.	No	
9) Do you obse	erve the prescribed day	s of fasting and abstin	ence devoutly?	
	a. Yes	b.	No	
10) Do you atter	nd Mass on Sundays ar	nd Holy Days of Oblig	ation?	
	_a. Yes	b.	No	•
11) Do you help	in providing for the m	naterial needs of the Ch	urch?	
	a. Yes	b,	No	
I understand that	is different from your b t if I, or my spouse, ha w or canon law, or am 1	aptismal certificate, pr ve previously been ma	oof of that chan rried or are in a	form. If your name has been ge must be submitted.  In invalid marriage according anonically, I will not be able
to be godparent (			Det	3
Signature			Date	
			Date	

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