

Office Use: Notes

Baptism Preparation:

Baptism Date (Time):

BAPTISM REGISTRATION FORM – ERIE SHORES SOUTH CATHOLIC FAMILY OF PARISHES
Side 1 and 2 of this form must be completed prior to setting a date for your child's baptism

Name of Child:	_____	_____	_____
	FIRST	MIDDLE	LAST
Date of Birth:	_____	Male: _____	Female: _____
CHURCH YOU WISH TO HAVE YOUR CHILD BAPTIZED IN:	_____		
Town/City of Birth:	_____		

Name of Mother:	_____	_____	_____
	FIRST	MIDDLE	MAIDEN
Religion of Mother:	_____	Email address of Mother:	_____

Name of Father:	_____	_____	_____
	FIRST	MIDDLE	LAST
Religion of Father:	_____	Email Address of Father:	_____

Are you married?	_____	_____	_____
	YES/NO	LOCATION	DATE
Other children:	NAME _____	AGE _____	
	_____	_____	
	_____	_____	

Mother:	_____	_____
	ADDRESS	PHONE
Father:	_____	_____
	ADDRESS	PHONE

Are you registered member of St. Michael's / St. John de Brebeuf? _____
(If you are not registered, please call the church office)

GODPARENTS

Please note the following when choosing godparents for your child:

- A person may have one or two godparents (also called witnesses or sponsors)
- They cannot be parents of the child
- If two are chosen, one must be male and one must be female
- The godparents must be chosen by the parents
- The godparents must have the ability and the intention to fulfil the role
- The godparents must be at least 16 years of age
- A godparent must be Catholic (Baptized, Confirmed, received First Communion), and living a life in harmony with the Catholic Faith (if married, married in the Catholic Church)
- A baptized person who belongs to another Christian community may be admitted as a Christian Witness provided that there is at least one Roman Catholic godparent who fulfils the above criteria
- A non-baptized person cannot be a Godparent or Christian Witness

FIRST GODPARENT			
Name:	_____	_____	_____
	FIRST	MIDDLE	LAST
Date of Birth:	_____	Male _____ Female _____	
Place of Birth:	_____		
Church of Baptism:	_____	Church of Confirmation:	_____

SECOND GODPARENT or CHRISTIAN WITNESS			
Name:	_____	_____	_____
	FIRST	MIDDLE	LAST
Date of Birth:	_____	Male _____ Female _____	
Place of Birth:	_____		
Church of Baptism:	_____	Church of Confirmation:	_____