



NAME OF CHILD: _____

DATE & PLACE OF BIRTH: _____

DATE(S) OF BAPTISM: _____ Or _____ Time: _____

(Baptisms can be served on Saturday before, during, or after the 5pm Liturgy or during one of the Sunday Divine Liturgies.)

ARE YOU A REGISTERED MEMBER OF THE PARISH? YES ___ NO ___

IF NO, WOULD YOU LIKE TO REGISTER AT THE PARISH? YES ___ NO ___

FATHER'S NAME: _____
First Middle Last

RELIGIOUS TRADITION: _____

MOTHER'S NAME: _____
First Middle Maiden

RELIGIOUS TRADITION: _____

ADDRESS: _____
Street

_____ City Province Postal Code

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

STATUS OF MARRIAGE: IN CATHOLIC CHURCH: YES ___ NO ___

CHURCH/PLACE OF MARRIAGE: _____

_____ City State Zip

CATHOLIC GODPARENT: _____

CATHOLIC/ORTHODOX GODPARENT: _____

OR
BAPTIZED CHRISTIAN WITNESS: _____

A Baptized Christian Witness is someone who is not an active, practicing Catholic. Note: only 1 of the 2 sponsors can be a Baptized Christian Witness.

RELIGIOUS TRADITION OF CHRISTIAN WITNESS: _____

SACRAMENTAL GODPARENT AFFIDAVIT

(to be filled out by the Proper Pastor of the Sponsor)

NAME OF GODPARENT: _____

ADDRESS: _____

TELEPHONE NUMBER: (_____)_____

.....**TO BE FILLED IN BY PROPER PASTOR**.....

THE ABOVE NAMED GODPARENT IS:

A FULLY INITIATED CATHOLIC RECEIVING THE SACRAMENTS

IS AN ACTIVE, PRACTICING MEMBER OF THE FAITH COMMUNITY

NAME OF CHURCH: _____

ADDRESS: _____

TELEPHONE NUMBER: (_____)_____

Pastors must ascertain the spiritual qualifications of sponsors

* The sacramental godparent is to be spiritually mature, a practicing Catholic, fully initiated and under no canonical prohibition. It is encouraged to have the same sponsor for Baptism as well as Confirmation. This gives continuity to the celebration of the individual Sacraments of Initiation.

* A Christian witness must be validly baptized (with water and in the Trinitarian formula).

(Attesting Signature of the Proper Pastor)

(Date)

Seal of Church

Current

SACRAMENTAL GODPARENT AFFIDAVIT

(to be filled out by the Proper Pastor of the Sponsor)

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ADDRESS: _____

TELEPHONE NUMBER: (_____)_____

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