



St. Clare of Assisi Parish



Baptism Registration Form

PLEASE TYPE ALL INFORMATION
(Hand written forms WILL NOT be accepted)

Child's LEGAL FIRST Name

Child's MIDDLE Name

Child's LEGAL LAST Name

MALE

FEMALE

Date of Birth

City of Birth

Is this your first child?

YES

NO

Current Address, City & Postal Code (You must live within territorial boundaries)

Home or Cell Phone

Email Address 1

Email Address 2

We may use your email address only for communication (ie: Baptism or other parish activities). If you do not want to be notified through email please check this box.

Father's First Name

Mother's First Name

Father's Last Name

MAIDEN Name

Religion

Religion

Were you married in the Roman Catholic Church?

YES

NO

Do you attend Sunday mass here at St. Clare?

YES

NO

Regularly attend Sunday mass?

YES

NO

Occasionally, please specify:

PLEASE NOTE (according to Canon Law 874.11): **GODPARENT** must be a Roman Catholic who has received BAPTISM, CONFIRMATION & EUCHARIST, is a practicing Catholic attending Mass, must be **at least sixteen years of age**, must be a Man or Woman but **NOT** two men or two women and may **NOT** be the father or mother of the one to be baptized. **NON-CATHOLIC WITNESS** (Canon Law 874.2) must be a **BAPTIZED** person belonging to a non-Catholic Christian faith of the ecclesiastical church. This person will NOT be formally called a Godparent, but a Christian Witness. You may have a Christian witness ONLY with a Catholic Godparent NOT two Godparents and a Christian Witness.

Godfather's Name

(must be 16 or older, baptized, confirmed & practicing Catholic)

Godmother's Name

(must be 16 or older, baptized, confirmed & practicing Catholic)

or Christian Witness

(must be 16 or older, baptized in the Christian faith)

- Godparents must contact the **parish where they have been baptized** and request an **updated copy of their baptismal certificate** that they will submit to us before being approved as godparents.

For Office Use:

E No.: _____
 PT - M Rev.: _____
 PT - B
 XC
 WL

To be completed by PARISH:

DATE SUBMITTED:
PREPARATION CLASS:
DATE OF BAPTISM: