



*Congratulations! We at San Jose Parish are privileged to accompany you in the preparation process for Baptism.*

## **General Guidelines:**

As per diocesan policy, the parents must be active members of San Jose Parish, preferably registered, for six months prior to the scheduled baptism or provide a letter from the previous parish stating that they were active members of the parish.

If the parents who wish to schedule a Baptism at San Jose Parish belong to a different parish, they are required to provide a letter from their pastor giving permission for the baptism to take place at San Jose.

## **Baptism Preparation Checklist**

\_\_\_\_\_ Parents must attend a Baptismal Preparation Class. Please provide a letter or certificate of attendance. Godparents are encouraged to attend the class.

\_\_\_\_\_ It is recommended that the parents provide a copy of the child's birth certificate. This will ensure accurate spelling for record keeping.

\_\_\_\_\_ Each Godparent must provide a sponsor form signed by their Pastor.

### Godparent Eligibility:

\_\_\_\_\_ Must be a practicing Catholic

\_\_\_\_\_ Must be at least 16 years old and confirmed

\_\_\_\_\_ If married, must be a sacramental marriage

\_\_\_\_\_ The Baptism will be scheduled upon receipt of the Baptism Registration Form. In addition, complete paperwork must be submitted to the Parish Office at least two weeks prior to the Baptism date.

\_\_\_\_\_ It is customary to offer a stipend to the priest or deacon.



SAN JOSE  
CATHOLIC CHURCH

# Baptismal Registration Form

Baptism is a sacrament of the new life we receive in Christ and a joyful celebration of welcoming new members into the Church.

Parish ID Number

Date attended Baptism Class: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mo.) (day) (year)

Name of Child: \_\_\_\_\_  
(First) (Middle) (Last)

Circle One: Male / Female Child's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mo.) (day) (year)

Child's Place of Birth: \_\_\_\_\_  
(City, State)

Father's Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Mother's Name: \_\_\_\_\_  
(First) (Middle Initial) (Maiden - Required) (Last)

Religion of Father: \_\_\_\_\_ Religion of Mother: \_\_\_\_\_

Are parents married? Yes No Are parents married in the Catholic Church? Yes No

Parent's Address: \_\_\_\_\_  
(Street Address) (City/State/Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Godfather: \_\_\_\_\_ Is Godfather a practicing Catholic? Y N  
(First) (Last)

Name of Godmother: \_\_\_\_\_ Is Godmother a practicing Catholic? Y N  
(First) (Last)

Is either Godparent represented by a Proxy? Yes No Name of Proxy: \_\_\_\_\_  
(Traditionally, the Godparents give the priest a gift stipend.)

Name of Proxy: \_\_\_\_\_

Date of Baptism:

Name of Priest:

# Diocese of St. Augustine

## Sponsor/Godparent Eligibility Form

<b>Person Receiving Sacrament</b>	Full Name of Candidate _____ for <input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation
	Parish Name _____
	Parish Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	Date Sacrament(s) to be Administered:    Baptism _____ Confirmation _____

**From the Code of Canon Law:** Sponsors for the Sacraments of Baptism and/or Confirmation must be Catholics who have been confirmed and have received the Sacrament of Eucharist. They must be free from canonical penalty and must lead a life in harmony with the faith in keeping with the function to be undertaken. (Canons # 874 & 893)

<b>Sponsor Information</b>	Full Name _____
	Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	Please read and check the following affirmations if they are true:
	<input type="checkbox"/> I am at least 16 years of age.
	<input type="checkbox"/> I have celebrated the sacraments of Baptism, Confirmation, and Eucharist.
	<input type="checkbox"/> I participate in Sunday Mass regularly.
	<input type="checkbox"/> (If married) My marriage was celebrated according to the norms of the Catholic Church.
	<input type="checkbox"/> I am not married.
	<input type="checkbox"/> I understand the responsibility I am undertaking and have both the desire and intention to fulfill it faithfully.
<input type="checkbox"/> I participated in the baptismal (not required for confirmation) preparation program at Parish _____ Date _____	
<input type="checkbox"/> I affirm that I meet all the necessary requirements to act as a sponsor/godparent.	
<input type="checkbox"/> I am a parishioner of _____ since date _____	
<input type="checkbox"/> I am not the parent of the person receiving the sacrament.	
_____	_____
Signature of Sponsor/Godparent	Date

<b>Sponsor's Parish</b>	Parish Name _____
	Parish Mailing Address _____
	City, State, Zip _____ Phone (____) _____
	To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (comment on reverse side)
	At this parish, I serve as (circle one) Pastor, Priest, Deacon, Lay Ecclesial Minister. I am authorized to make this statement about our parishioner.
	Printed Name _____
Signature _____	Date _____