

Baptism Registration Form

Please complete this registration form and return to: St. Patrick Church, 30 Main Street, South Hadley, MA 01075 **Attn: Gwen** This must be filled out completely and returned before a firm date can be assigned for your child's baptism. Our baptisms are normally on the 1st Sunday of each month after the 11:00am Mass and our Baptism Preparation class is on the Friday before the baptism (unless we notify you of a different date) @ 5:30pm in the Chapel at the back of the Church. We ask the parents and god parents attend this class, which usually lasts 1 1/2 hours. The baby and other children are welcome.

Requested date of baptism: _____ Phone number: _____
(Month) (Day) (Year) Cell Phone: _____
Email: _____

Name of child to be baptized: M F _____
(Circle) (First) (Middle) (Last)

City of birth: _____ Date of birth _____

Was child previously baptized in the hospital? Yes ___ No ___

Mother's name: _____ Religion: _____
(First) (Middle) (Maiden) (Last)

Mother's address: _____

Father's name: _____ Religion: _____
(First) (Middle) (Last)

Father's address (if different): _____

Are you officially registered at St. Patrick's church and receiving mail from us? Yes ___ No ___

If not, please call 532-2850 and speak to our secretary to register.

Permission to publish your child's baptism in our weekend bulletin? Yes ___ No ___

GODPARENTS

Only one godparent is required. They should be a practicing Catholic and must be Confirmed.

Godparents should be chosen because they are good Christians with a deep faith and be able to support you in raising the child in the Catholic faith. In keeping with Canon Law: There can be one male

Godparent **or** one female Godparent **or** one of each. **There cannot be 2 Godmothers or 2**

Godfathers. A Godparent must be at least **16** years of age, be **Catholic** and **must have made their**

Confirmation. Other Christian denominations can be present with the child to be Baptized, but **only as a Christian witness.**

Godfather's Name: _____ Religion: _____

Address: _____ Phone: _____

Godmother's Name: _____ Religion: _____

Address: _____ Phone: _____