

20740 S. Nunneley Rd.
Clinton Township, MI 48035



Phone: 586-791-3930
Fax: 586-791 3890
Website: www.stthecla.com

Baptismal Registration Form

Date Received: _____

Please print all information clearly

All information is confidential and recorded in St. Thecla Parish Registry

Office Use Only

Confirmed date & time of Baptism: _____

Presiding Priest/Deacon: _____

Parents attended Baptism Class: _____ (Date) Godparents attended Baptism Class: _____ (Date)

Baptism Date Requested: _____

Child's Full Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street Number) _____

City: _____ State _____ Zip: _____

Daytime Phone (Father) _____ Daytime Phone (Mother) _____

Email (Father) _____ Email (Mother) _____

Child's Date of Birth: _____ City of Birth _____ State _____

Gender of Child: Male or Female _____

Father's Full Name: (First) _____ (Middle) _____ (Last) _____

(As stated on Child's Birth Certificate)

Religion of Father: _____ Father Confirmed? Yes () No ()

Mother's Full Name: (First) _____ (Maiden) _____ (Married) _____

(As stated on Child's Birth Certificate)

Religion of Mother: _____ Mother Confirmed? Yes () No ()

Was the Child Adopted? Yes () No ()

Marriage Information of Parents

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Marital Status of Parents (Married, Single, Divorced) _____

Catholic Church Marriage? Yes () No ()

If yes, please provide name of Church, City and State: _____

If single or divorced, please attach legal documentation verifying guardianship. A parental permission form is also needed.

Godparents

Requirements of Canon Law: (874.1-2)

1. Number: At Least one. If two, then one male and one female.
2. Affiliation and practice: Catholic who has celebrated the Sacrament of Confirmation, who practices his/her Catholic faith.
3. A Baptized person belonging to a non-Catholic ecclesial (church) community may be admitted as a witness to baptism but only along with a Catholic Godparent.
4. They are to be at least sixteen years of age.
5. They may not be father or mother of the one being baptized.

Questions regarding these requirements? Please call the Parish Office at 586-791-3930 ext 317

Name of Male Godparent: _____

If married is Male Godparent in a valid Catholic Marriage (married in a Catholic Church)?

Yes () No () Single ()

Name of Female Godparent: _____

If married is Female Godparent in a valid Catholic Marriage (married in a Catholic Church)?

Yes () No () Single ()

Are the Godparents married to each other? Yes () No ()

Will either Godparent be represented by Proxy (ies)? Yes () No ()

If yes which Godparent? _____ Name of Proxy _____

Christian Witness

(If Applicable)

Name of Christian Witness: _____

Baptized in _____ Faith.

Name of Church, City and State in which Christian Witness practices:

Baptism Class Preparation

Have Parents attended a baptismal preparation class? Yes () No ()

If yes where? _____ When? _____

Have Godparents attended a baptismal preparation class? Yes () No ()

If yes where? _____ When? _____

By signing below, I certify that all information provided on this form, is true and correct; and I hereby give permission for the baptism of the above named child in the Catholic Church.

Signature of Parent

Date

Signature of Parent

Date