



Checklist for Baptism of Infants

For Parents:

_____ Attend a Baptism Preparation Class, either at St. Thecla or another parish (if you have taken a baptism class once before, you do not need to take another class).

_____ Complete Infant Baptism Request Form and turn in to the Parish Office, along with the following:

- *Copy of your child's State-registered Birth Certificate*
- *Completed and signed Godparent Certificate*
- *Turn in donation to the church (suggested donation \$50)*

For Godparents:

_____ Inform Godparents of their requirements to attend a Baptism Preparation Class

_____ Have each Godparent fill out and sign a Godparent Certificate.

****For a person to stand as a Godparent or Sponsor, the following requirements must be met:***

- *Be designated by the candidate, parents, guardians, or pastor*
- *Have the intention of performing the role of sponsor*
- *Attend a Baptism Preparation Class, either at St. Thecla or another parish (if you have taken a baptism class once before, you do not need to take another class).*
- *Be at least 16 years old*
- *Be a fully initiated Catholic (received Baptism, First Communion and Confirmation)*
- *Lead a life in harmony with the Faith and role of a sponsor (i.e., be a registered member of a parish, attend Mass on Sundays and Holy Days and faithful to the laws of the Church regarding marriage)*
- *Not bound by any canonical penalty*
- *Not the father or mother of the candidate*

At least one of the persons you choose must fulfil these requirements. If you wish to honor a non-Catholic member of your family, they may stand as a Christian Witness to your child's Baptism, provided they have already been baptized.



Baptismal Registration Form

Phone: 586-791-3930

Fax: 586-791 3890

Baptism Date Requested: _____

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: _____ Godparents attended Baptism Class: _____

Suggested Church Donation: \$50

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

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

Gender of Child: Male or Female _____ Was the Child Adopted? Yes or No Address:

(Street Number) _____ City:

_____ State _____ Zip: _____

Daytime Phone: _____ Email: _____

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

Religion of Father: _____ Check Sacraments Received

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____ Marriage _____

No Sacraments _____

Mother's Full Name: (First, Middle, Last) _____ (Maiden) _____

Religion of Mother: _____ Check Sacraments Received

Baptism _____ Reconciliation _____ First Communion _____ Confirmation _____ Marriage _____

No Sacraments _____

Parents Married in Catholic Church? _____ **If not, where (civil/Protestant church)?** _____

Name of Church _____ **City** _____ **State** _____

Godparents

Baptismal Registration form page 2

Name of Male Godparent: _____ Religion: _____

Name of Female Godparent: _____ Religion: _____

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

Christian Witness

(Only if Applicable)

Name of Christian Witness: _____

Baptized in _____ Faith.

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



Godparent Certificate

I, _____

a registered member of _____ Catholic Church,

located in (City & State) _____,

have been asked to be a godparent for (Child's Name) _____,

Son/Daughter of (Parents' names) _____

Date of Birth: _____

I affirm that:

I am 16 years of age or older.

I have received the Sacraments of Initiation (Baptism, Eucharist, and Confirmation) in the Catholic Church and, if married, am validly married according to the norms of the Catholic Church.

I participate regularly in Sunday Mass and can receive the Holy Eucharist.

I actively witness to my faith in Jesus Christ by the way I live in service and love to the people with whom I come in contact daily.

I shall give Christian witness and pray for my Godchild as his/her Godparent.

I understand and accept the responsibility that I undertake as a Godparent.

Signature of Godparent

Date



Godparent Certificate

I, _____

a registered member of _____ Catholic Church,

located in (City & State) _____,

have been asked to be a godparent for (Child's Name) _____,

Son/Daughter of (Parents' names) _____

Date of Birth: _____

I affirm that:

I am 16 years of age or older.

I have received the Sacraments of Initiation (Baptism, Eucharist, and Confirmation) in the Catholic Church and, if married, am validly married according to the norms of the Catholic Church.

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I understand and accept the responsibility that I undertake as a Godparent.

Signature of Godparent

Date