

IMMACULATE CONCEPTION CHURCH
BAPTISMAL REGISTRATION FORM

Today's Date _____

Except in the case of an emergency, in order for a child to be baptized at Immaculate Conception Church the family presenting the child **must be** registered and participating members of our parish for three (3) months prior to requesting a date for Baptism. Registering in the Parish for the sole purpose of baptism or to receive a letter of recommendation is **not** permitted. The minimal standards of participation are attendance at Mass every Sunday and financially supporting the parish. The pastor will give consideration to unusual circumstances and should be contacted directly if a relaxation of this rule is to be sought.

Please print clearly. Information provided will be recorded in the Church Register and on the child's Baptismal Certificate.

Child's Full Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		
City & State of Birth		
Father's Full Name		
Mother's Full Name		Maiden Name:
Address		2 nd Address, if Parents do not reside at same address
Home Phone		
Mother's Cell		
Father's Cell		
You must have at least one practicing Catholic as a godparent.		
Godparent Religion Proxy		Godparent Religion Proxy
If you are not a registered member of Immaculate Conception Church you must have a letter from your parish priest granting permission to baptize.		
Are you a registered member of Immaculate Conception? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what parish? (<i>Name, City, State</i>)		
Have you attended a baptismal preparation class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what parish?		
Was this child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this child privately baptized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were parent's married by a Catholic priest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Baptisms are celebrated on Saturdays after 5:00 pm Mass and Sunday after 11:00 a.m. Mass.

When would you like to baptize this child? _____

Office Use Only _____

Date of Baptism: _____ Recorded: _____

Certificate Mailed: _____

Priest: _____

IMMACULATE CONCEPTION CHURCH
New Madrid, Missouri

GODPARENT – NON-PARISHIONERS

This form is to be completed by anyone designated as a godparent and by their parish priest.

Please Print:

Name of child to be baptized			
Name of godparent/s			
Phone			
Address of godparent/s			
As a prospective godparent I do hereby state that:			
1. I am a confirmed Catholic	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. I am a regular participant at Sunday Mass.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. I am	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	
4. If married, I am married in the Catholic Church.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5. I understand that, as a godparent, I am required to attend a Baptismal preparation class one month prior to the Baptism.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
All of my statements, as recorded above, are true.			
Date			
Signature			

(To be filled out by the godparent's parish priest.)
SPONSORSHIP CERTIFICATE FOR BAPTISM

To the best of my knowledge the above named sponsor is:

A registered member of this parish.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
A regular participant at Sunday Mass.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
A catholic in good standing according to the laws of the Church	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Baptismal preparation class has been taken	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Date			
Priest's Signature			
Name of Church and Address			