

# BAPTISMAL PREPARATION

## Baptism Preparation Sessions 2018-19

Months	Date	Time
May	Thu. 3	6:30pm
June	Thu. 7	6:30pm
July	No Baptism Preparation	
August	Wed. 1	6:30pm
Sept.	Thu. 13	6:30pm
October	Thu. 4	6:30pm
Nov.	Mon. 5	6:30pm
Dec.	Mon. 3	6:30pm
January	Mon. 7	6:30pm
Feb.	Mon. 4	6:30pm
March	Mon. 4	6:30pm
April	Mon. 1	6:30pm

Parents and Godparents (Sponsors) are expected to be present at the needed preparation before we celebrate the Sacrament of Baptism for your child. **Once again, we remind you that the Godparents (Sponsors) MUST BE a baptized, received first communion and confirmation and married in the Catholic Church if married and come to Church regularly.** All arrangements must be done a month before the Baptism. We greatly thank you for your cooperation. Please, consult with the pastor if there is any other issues.

All preparation sessions are held at **St. Gerard Majella Rectory**. We kindly request that you arrive on time. For directions please call our Rectory Office at 973-595-8446.



**NOTE:**

**No Baptisms are celebrated during Lent Season.**

**Your Baptism Certificate will be provided at the Baptism ceremony upon completion of these procedures.**

**Tentative Dates for Baptism:** mm/dd/yyyy

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

"You Are My Beloved Child"



Baptism of

\_\_\_\_\_  
(Child's Name)

**Saint Gerard Majella R. C. Church**  
 501 West Broadway  
 Paterson, New Jersey 07522  
 973-595-8446  
[www.stgerardmajella.org](http://www.stgerardmajella.org)

**BAPTISMAL INFORMATION**

Dear Parents:

You have asked to have your beautiful child baptized at our church, and it is with great joy that we welcome you and your child into our Christian community.

**IMPORTANT PROCEDURE**

To assist you with the required and proper preparation, please complete the information needed in this form (next page).

Baptisms are scheduled only on **Saturdays** (unless privately arranged with you and the pastor) at **12:00 p.m.** We kindly suggest a donation of \$100.00 or more, which needs to be paid in advance.

Godparents are expected to be people of faith who can assist you, the parents, in preparing your child to live a Christian life. You may choose to have a god-father and a god-mother. God-parent/s **MUST BE a confirmed Roman Catholic**, and we kindly request that you provide us with a copy of a Sponsor Certificate, which is obtained from the god-parents' present parish (the one in which they are currently registered).

**Finally**, parents and god-parents are required to attend a preparation class prior to the Baptism.

Please return the enclosed envelope with the **completed baptismal form**, the **sponsor certificates**, a **copy of the child's birth certificate**, and your **donation** for the church to our Parish address: 501 West Broadway, Paterson, New Jersey 07522. Once we have received all the documentation, we will call you to finalize all the arrangements.

Once again, welcome to our Parish Family. We look forward to celebrating this joyful day with you.

With prayers & Blessings,  
Fr. Leo Antony, S.D.V.  
Pastor

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Town of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Father's Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_  
Mother's Religion: \_\_\_\_\_

Are the parents of this child in a marriage blessed by the Church?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
Are the parents of this child registered at our Parish Community?  
YES \_\_\_\_\_ Parish Number (if yes) # \_\_\_\_\_ NO \_\_\_\_\_  
Is this child adopted? YES \_\_\_\_\_ NO \_\_\_\_\_  
Has this child been baptized because of danger of death?  
YES \_\_\_\_\_ NO \_\_\_\_\_

God-father's Name: \_\_\_\_\_  
God-father's Religion: \_\_\_\_\_  
God-mother's Name: \_\_\_\_\_  
God-mother's Religion: \_\_\_\_\_

Parent's Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cellular-phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Date of Baptism Confirmed: Yes \_\_\_\_\_ NO \_\_\_\_\_  
Date of Instruction Confirmed: Yes \_\_\_\_\_ NO \_\_\_\_\_  
Name of the Officiating Priest: \_\_\_\_\_  
Donation: Paid YES \_\_\_\_\_ NO \_\_\_\_\_  
Date of Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_