



*Church of the Epiphany  
827 Vienna Street  
San Francisco, CA 94112  
Phone: 415-333-7360 Fax: 415-333-1803*

Sacrament of Baptism: The parents of the child are responsible for contacting the Parish office.

- ❖ WHO MAY BE BAPTIZED AT EPIPHANY:
  - Catholic living within the Epiphany boundaries, registered or not
  - Catholic living outside the Parish boundaries with some connection to Epiphany AND must obtain written permission from their parish of residence, as a matter of courtesy among parishes.
- ❖ FOR SCHOOL-AGE CHILDREN 6 YEARS UP TO 17 YEARS OF AGE
  - Please call the parish office at 415-333-7630 ex16
- ❖ FOR YOUNG ADULTS 18 YEARS AND UP
  - Contact the parish office 415-333-7630, regarding RCIA (the Rite of Christian Initiation of Adults).
- ❖ GODPARENTS:
  - The guidelines from the Archdiocese of San Francisco state, "to be Godparent, the person must be..
    - a.) appointed by the parents or whoever stands in their place,
    - b.) at least 16 years of age,
    - c.) a practicing Catholic who received the Sacraments of First Communion, Confirmation and Marriage (if married, it **MUST** be in a Catholic Church.)
- ❖ NO BAPTISMS: During Lent



May the Lord give His angels  
charge over you, to guide you in all your ways  
*Psalm 91:11*

## **STEPS IN THE PREPARATION FOR BATISM OF INFANT UP TO 6 YEARS OF AGE:**

- Must be completed by the parent of the child to be baptized.
- Overview of Steps:
  1. Application
  2. Interview
  3. Preparation Class



### **1. REGISTRATION/APPLICATION** Please the following:

- a.) If NOT registered or living within Epiphany boundaries, obtain written permission from your church of residence,
- b.) Fill out the application (see attached),
- c.) provide a copy of the child's birth certificate and attach to the application,
- d.) \$100.00 fee for the following supplies-booklet for the Godparents, Baptismal and verification, a candle, a stole, mailing fees and church and class fee.
- e.) Return application, birth certificate, **FEE** and permission (if not registered or living within Epiphany boundaries) to the Parish office.
- f.) If parents and/or Godparents have attended a Baptismal Preparation Class within the LAST 3yrs, please provide a letter of verification from the parish where the class was taken and attach to the application.

**ONCE ALL PAPERWORK IS COMPLETED AND RETURNED TO THE PARISH OFFICE, ONLY THEN CAN AN APPOINTMENT FOR AN INTERVIEW BE SCHEDULE (STEPS 2)**

### **2. INTERVIEW:**

- a.) A meeting with **JUST** the parents of the child with one of the members of the Baptismal Preparation Team. It is usually about 30-45 minutes. Please contact the Parish office at 415-333-7630 to schedule the interview.

### **3. BAPTISMAL PREPARATION CLASS: (NO CHILDREN ALLOWED)**

- Parents are not to come to the class if they have not had an interview.**
- Classes** are held in O'Keefe Hall (Amazon Ave & Naples Street)
- English:** Held every **SECOND** Friday of each month from 7:00pm-9:00pm
- Spanish:** held every **FRIST** Sunday of each month from 9:30am-11:00am

### **4. Baptismal Ceremony:**

- English:** every 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 5<sup>th</sup> Sunday of the month at 2:30pm and on the 4<sup>th</sup> Saturday of the month at 11:15am.
- Spanish:** every 4<sup>th</sup> Sunday of the month at 2:30pm.



**FOR ANY OTHER INQUIRIES PLEASE CALL THE PARISH OFFICE  
MONDAY-FRIDAY FROM 8:30AM-5:30PM.**

# APPLICATION FOR BAPTISM AT CHURCH OF THE EPIPHANY

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

Child's date of birth \_\_\_\_\_ City of child's birth \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Street, City, And Zip Code

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
First Middle Last

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

1. Are the parents registered at Epiphany? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If NO, please attach permission to baptize at Epiphany from parish of residence is \_\_\_\_ Yes \_\_\_\_ No

2. Are the parents of the child married? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, then was it in \_\_\_\_\_ Catholic Church \_\_\_\_\_ other church/Minister \_\_\_\_\_ Civil

Godfather's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
First Middle Last

Godmother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
First Middle Last

**\* Godparents must be practicing Catholic and have received their Sacraments (see 1st page)**

3. Parents have previously attended a Baptism Prep. Class \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Godparents have previously attended Baptism Prep. Class \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Baptism: \_\_\_\_\_



## FOR OFFICE USE:

Paperwork recv'd on & by: \_\_\_\_\_ Fees recv'd on & By: \_\_\_\_\_

Interviewed on: \_\_\_\_\_ by: \_\_\_\_\_ Book given no: \_\_\_\_\_

Parents attended class on: \_\_\_\_\_ Godparents attended class on: \_\_\_\_\_

Certificate mailed on: \_\_\_\_\_ Permanent Record: \_\_\_\_\_

Priest/Deacon \_\_\_\_\_

## SPONSOR ELIGIBILITY CERTIFICATE

*For the Baptism of:* \_\_\_\_\_

**Baptism date:** \_\_\_\_\_

### CODE of CANON LAW Chapter IV Sponsors

Can. 874 §1. To be permitted to take on the function of sponsor a person must:

1/ be designated by the one to be baptized, by the parents or the person who takes their place, or in their absence by the pastor or minister and have the aptitude and intention of fulfilling this function;

2/ have completed the sixteenth year of age, unless the diocesan bishop has established another age, or the pastor or minister has granted an exception for a just cause;

3/ **be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on; [if married the sponsor needs to have been married in the Catholic Church]**

4/ not be bound by any canonical penalty legitimately imposed or declared;

5/ not be the father or mother of the one to be baptized.

### AFFIRMATION:

I am a parishioner of \_\_\_\_\_ (parish name).

I hereby affirm that I am an actively practicing Catholic, and I attest to the fact that I fulfill all of the above requirements.

Date: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SPONSOR SIGNATURE

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Date: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SPONSOR SIGNATURE