

GUARDIAN ANGEL CATHOLIC CHURCH

Archdiocese of Galveston-Houston

5610 Demel St. (P.O. Box 487) -- Wallis, TX 77485

Tel: (979) 478-6532

Fax: (979)478-2735

The Catholic community of Guardian Angel in Wallis welcomes and congratulates you for your interest in the preparation of the Sacrament of Baptism for your child.

The Sacrament of Baptism incorporates us into the Church, orients to the worship of God, and gives us a rebirth as sons and daughters of God. It calls us to witness as holy people and a bond of unity among us. Therefore, it is a privilege and responsibility to provide support and direction during this preparation process.

REQUIREMENTS FOR PARENTS WITH CHILDREN UNDER 7 YEARS OLD

1. The completed and correct registration form (attached in this packet).
2. Copy of birth certificate issued by the state (the state the child was born in). If your child is adopted, please bring the copy of birth certificate and the adoption papers.
3. Parents and godparents **must attend** the Baptism class. If you are taking the Baptism class at another church, it is your responsibility to make all the arrangements. You need to bring a completion certificate of the class to our office at least one week before the Baptism takes place.

REGARDING THE SELECTION OF GODPARENTS FOR YOUR CHILD

The choice of godparents for your child should not be taken lightly. Godparents (one woman and one man only) will be role models for your child and should help you to raise your child in faith that you have chosen for them. *Please read the guidelines according to Cannon Law #874*

At least one of the Godparents must be a practicing Catholic. This means that she or he meets the following qualifications:

1. Godfather or Godmother who is at least 16 years old.
2. Godparents have received the Sacraments of Baptism, 1st Communion and Confirmation.
3. Godparents must be currently practicing their faith, that is, going to Church and, in general, an active practicing Catholic Christian.
4. If the Catholic godparent is married, she or he must be married according to the Catholic Church.

Please carefully consider your choices and ask, if necessary, to ensure that these qualifications are met.

Any questions, please call our parish office at **979 478-6532**

BAPTISM REGISTRATION FORM

Please, print clearly and complete the following form.

Today's date: _____

Child's Full Name _____

First

Middle

Last

Date of Birth _____ Place of Birth _____

City

State

County

Parents Home Address _____

Street Address

Apt#

City

Zip Code

Mailing Address _____

Father's Full Name _____

First

Middle

Last

Religion _____ If Catholic, are you confirmed? Yes _____ No _____

Home phone number _____ Cell Phone Number _____

Mother's Maiden Name _____

First

Middle

Last

Religion _____ If Catholic, are you confirmed? Yes _____ No _____

Home phone number _____ Cell Phone Number _____

Are you married in the Catholic Church? Yes _____ No _____ Date of Marriage _____

Married by court/common-law? Yes _____ No _____ Co-habiting? Yes _____ No _____

Godfather's Full Name _____

First

Middle

Last

Single? Yes _____ No _____ If married, are you married by the Catholic Church? Yes _____ No _____

Confirmed? Yes _____ No _____

Godmother's Full Name _____

First

Middle

Last

Single? Yes _____ No _____ If married, are you married by the Catholic Church? Yes _____ No _____

Confirmed? Yes _____ No _____

FOR OFFICE USE ONLY

Dates Attended Baptism Class: Parents _____ Godparents _____

Priest or Deacon: _____

Baptism Date: _____

IMPORTANT NOTES: Book # _____ Page: _____ Certificate Sent On: _____