

# INFANT BAPTISM REQUEST FORM

*Winton Wyoming Pastoral Region*

**FOR OFFICE USE ONLY**

Date parents attended baptism preparation class: \_\_\_\_\_

Date of baptism: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ STJ \_\_\_\_\_ OLR \_\_\_\_\_ STM

Name of priest or deacon \_\_\_\_\_

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**Please print ALL information**

Today's date: \_\_\_\_\_

Baptism Date/Time Requested \_\_\_\_\_

**INFORMATION ABOUT THE CHILD**

CHILD'S NAME: \_\_\_\_\_  
(first) (middle) (last)

GENDER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(month/day/year) (city/state)

SIBLINGS (names/ages): \_\_\_\_\_

**INFORMATION ABOUT THE PARENTS** If you are the LEGAL GUARDIAN(not parent) please check here:

FATHER: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(first) (middle) (last)

MOTHER: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(first) (middle) (maiden)

MAILING ADDRESS: \_\_\_\_\_  
(street) (apt. #)

\_\_\_\_\_ (city) (state) (zip code)

TELEPHONE: (father) \_\_\_\_\_ (mother) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU REGISTERED MEMBERS OF ONE OF THE WINTON WYOMING PARISHES? \_\_\_\_ YES \_\_\_\_ NO

If "YES," which church?  Our Lady of the Rosary  St. James of the Valley  St. Matthias the Apostle

If "NO," you will need to notify your pastor and obtain his permission to allow us to baptize your child.

WHAT IS YOUR RELATIONSHIP TO THE WINTON WYOMIING PASTORAL REGION? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## REQUIREMENTS FOR PARENTS REQUESTING BAPTISM FOR AN INFANT/CHILD

Parents/guardians must accept the responsibility of raising the infant/child in the practice of the Catholic faith and nurture that faith at home and within a Catholic parish. Godparents and the local parish community will assist the parents/guardians with the teachings of the Church.

### INFORMATION ABOUT THE BAPTISMAL GODPARENTS

I attest that I meet the following requirements to be a Godparent: (each box checked by each Godparent along with signature)

Godmthr Godfthr

- ✓ I am a fully initiated Catholic having the sacraments of Baptism, First Eucharist, and Confirmation.
- ✓ I am at least 16 years of age.
- ✓ I am a practicing Catholic who leads a life in harmony with the faith and the role to be undertaken.
- ✓ If married, I have been married in a Catholic ritual. (*The Code of Canon Law, c. 874*).

\_\_\_\_\_  
Godmother signature

\_\_\_\_\_  
Godfather signature

**NOTE:** A baptized non-Catholic is **NOT** eligible to serve as a baptismal godparent. However, he or she **MAY SERVE AS A CHRISTIAN WITNESS. ONLY ONE GODPARENT IS REQUIRED.** If a godparent is not able to be present, that godparent may request a proxy to stand in his/her place. Please note if one is going to be a Christian Witness in comment section below.

1. GODMOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(first) (middle) (last)

MAILING ADDRESS: \_\_\_\_\_  
(street) (apt. #)  
\_\_\_\_\_  
(city) (state) (zip code)

Sacraments received: (*please check all which apply*) \_\_\_\_\_ Baptism \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation

(PROXY: \_\_\_\_\_)  
(first) (middle) (last)

2. GODFATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(first) (middle) (last)

MAILING ADDRESS: \_\_\_\_\_  
(street) (apt. #)  
\_\_\_\_\_  
(city) (state) (zip code)

Sacraments received: (*please check all which apply*) \_\_\_\_\_ Baptism \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation

(PROXY: \_\_\_\_\_)  
(first) (middle) (last)

### **COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_