

**SAINTS FELICITAS AND PERPETUA CHURCH**  
**INFORMATION FOR BAPTISMAL REGISTER – Updated May 2016**

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

Full Legal Name of Child: \_\_\_\_\_ Boy or Girl? \_\_\_\_\_

Christian/Baptismal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of birth: \_\_\_\_\_ State: \_\_\_\_\_

Has Child been Baptized previously (e.g. an emergency in hospital)? Yes No Was the child adopted? Yes No

Home Address: \_\_\_\_\_

City

State

Zip Code

Phone number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

***Parents Information and Sacramental Background***

**Father's Full Name:** \_\_\_\_\_

Catholic:  Non-Catholic  (if not catholic, which religion \_\_\_\_\_)

Sacraments Received by Father in the Catholic Church:

Baptism  Yes  No \_\_\_\_\_

If No, which Ecclesial, Church Community

First Communion  Yes  No

Confirmation  Yes  No

**First and Maiden Name of Mother:** \_\_\_\_\_

Catholic:  Non-Catholic  (if not catholic, which religion \_\_\_\_\_)

Sacraments Received by Mother in the Catholic Church:

Baptism  Yes  No \_\_\_\_\_

If No, which Ecclesial, Church Community

First Communion  Yes  No

Confirmation  Yes  No

Are parents married?  Yes  No

Married in the Catholic church?  Yes  No

Which Parish? \_\_\_\_\_

***Family Faith Life***

*If you are not a registered member of SSFP, you must have a letter granting permission to baptize from your parish.*

Are you a registered member of SSFP?  Yes  No Parish Env. # \_\_\_\_\_

If no, name of parish currently attending: \_\_\_\_\_

Attendance: Regular Occasionally Seldom Never

SSFP Mass: Sat. 5:30 pm Sun. 7:30 am Sun. 9:30 am Sun. 11:30 am

Do you consider yourself a practicing Catholic?  Yes  Somewhat  No

Please explain why you are seeking the Sacrament of baptism for your child:

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### Godparent's Information

You must have at least one practicing, fully initiated (Baptism, Eucharist, Confirmation) Catholic as a godparent. If she/he is married, their marriage must be recognized by the Catholic Church (usually by taking place in the Catholic Church). The other godparent (of the opposite sex) may be a practicing member of another Christian tradition.

Godfather: \_\_\_\_\_  
Catholic:  Non-Catholic  (if not catholic, which religion \_\_\_\_\_)  
Married:  Yes  No Married in the Catholic church?  Yes  No  
Which Parish? \_\_\_\_\_

Name of church where godfather participates: \_\_\_\_\_

Godmother: \_\_\_\_\_  
Catholic:  Non-Catholic  (if not catholic, which religion \_\_\_\_\_)  
Married:  Yes  No Married in the Catholic church?  Yes  No  
Which Parish? \_\_\_\_\_

Name of church where godmother participates: \_\_\_\_\_

Are your godparents married to each other?  Yes  No

Will a proxy be used?  Yes  No

*We understand and agree that we must demonstrate an active commitment in the practice of our faith, as a condition for our child's baptism.*

Father \_\_\_\_\_ Mother \_\_\_\_\_  
*Signature Signature*

**\*\*\*\*\*Please attach a photocopy of the child's Birth Certificate\*\*\*\*\*  
(copy of Official or Hospital record, showing child's and parent's name is required in order to baptize.)**

#### Office use only:

Documentation provided:  Birth Certificate  Godfather  Godmother

Date of Baptism: \_\_\_\_\_ Sacrament administered by: \_\_\_\_\_

Recorded: \_\_\_\_\_ Certificate Mailed: \_\_\_\_\_ Entered in PCS: \_\_\_\_\_ Forms Sent: \_\_\_\_\_