

# *Baptism Checklist*

## **Parent(s) Responsibilities: Required Forms**

\_\_\_\_\_ Baptism Information Form: Due 1 month prior to baptism

\_\_\_\_\_ Godparent Eligibility Form: Due 2 weeks prior to baptism date

- If the Godparent(s) are a parishioner of St. Michael's turn in the following certificates with the Sponsor form:
  1. Baptism
  2. Confirmation
  3. Marriage in the Catholic Church
- Canon Law requires the following for all Godparent(s)
  1. Baptized & Confirmed Roman Catholic
  2. At least 16 years of age
  3. Single or Married in the Roman Catholic Church

\_\_\_\_\_ Birth Certificate Due 2weeks before baptism

\_\_\_\_\_ Completion of Baptism Preparation Class certificate due 2 weeks before baptism

## **St. Michael Parish Responsibilities:**

\_\_\_\_\_ Contact parent to confirm date and location of baptism: 3 days after receiving Baptism Information Form

\_\_\_\_\_ Reminder call about any missing forms: 3 weeks before baptism

\_\_\_\_\_ Contact parents to cancel baptism if forms are missing: 2 weeks prior to the baptism

\_\_\_\_\_ Baptism Facilitator will contact parents to answer any questions: 1 week before baptism

# Baptism Information Form

Baptism Cannot Be Scheduled Until This Form Is Received

Date \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
First Middle Last/Legal

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
City State

## Godparent(s)\* Information

**\*Godparent(s) must be active, fully initiated (rec'd Baptism, Confirmation & Eucharist) Roman Catholics.** In addition, your child may have a Christian witness of another denomination. Only one Godparent is required, but you may have one of each gender. **The Catholic Godparent can be an unmarried person but if they are married it is required that they are married in the Catholic Church. The Sponsor eligibility form must be received two weeks prior to the baptism.**

Name \_\_\_\_\_ Roman Catholic? \_\_\_ Yes \_\_\_ No

If yes, Name, City and State of Parish \_\_\_\_\_

Name \_\_\_\_\_ Roman Catholic? \_\_\_ Yes \_\_\_ No

If yes, Name, City and State of Parish \_\_\_\_\_

Name of Proxy (if needed) \_\_\_\_\_

**Mother** \_\_\_\_\_  
First Middle Birth Last Current Last

Religion/Denomination \_\_\_\_\_ Sacraments Rec'd: Baptism Confirmation Eucharist Reconciliation Matrimony  
**Circle sacraments parent has received**

**Father** \_\_\_\_\_  
First Middle Birth Last Current Last

Religion/Denomination \_\_\_\_\_ Sacraments Rec'd: Baptism Confirmation Eucharist Reconciliation Matrimony  
**Circle sacraments parent has received**

Address of Custodial Parent(s) \_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_ Email Address Mother's Daytime Phone Father's Daytime Phone  
Baptism Classes Taken \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Church)

Are you registered in the parish? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure \_\_\_\_\_

Do you attend Mass at St. Michael's \_\_\_ Yes \_\_\_ No If not, where? \_\_\_\_\_

Will child be baptized at St. Michael's? \_\_\_ Yes \_\_\_ No Do you request full immersion?\* \_\_\_ Yes \_\_\_ No

**\*Please Note: Children 3 or more years of age will be immersed**

Are the parents married? \_\_\_ Yes \_\_\_ No If yes, was it in the Roman Catholic Church? \_\_\_ Yes \_\_\_ No

Are you interested in speaking to someone about having your marriage celebrated in the Church? \_\_\_ Yes \_\_\_ No

**Please Complete the Reverse Side**

Based on the posted schedule, which date and Mass time would you prefer?

List three options:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Date) (Time) (Date) (Time) (Date) (Time)

**Demographic Information: Please check one:**

African American \_\_\_ Hispanic/Latino \_\_\_  
Asian (Japanese, Chinese) \_\_\_ Filipino \_\_\_ Korean \_\_\_ East Indian \_\_\_  
Southeast Asian (Vietnamese, Hmong, Lao, Thai, etc.) \_\_\_ Pacific Islander (Samoan, Guamanian, etc.) \_\_\_  
American Indian (Native American/Alaska Native) \_\_\_ Caucasian/American \_\_\_  
Both parents of unknown race/ethnicity \_\_\_\_\_

**\* Please remember, a copy of the birth certificate and godparent eligibility form must be submitted two weeks in advance, or the baptism will be rescheduled\***

<b>Office Use Only:</b> Baptism Date _____ Time _____	
Presider _____	
Full Immersion Completed?	Yes _____ No _____
Facilitator (Name) _____	
Candle Needed? _____	White Garment? _____
Godparent(s) Name(s): _____	
Proxy Name: _____	
Date Recorded: Register _____	PDS _____ Date Certificate Mailed _____
_____	
(City)	(State)



St. Michael Parish  
**Faith Formation Office**  
P.O. Box 766  
Olympia, WA 98507-0766

## Godparent/Sponsor Eligibility Form

*To be completed by the Parish of the Godparent(s)/Sponsor*

\_\_\_\_\_ is a member of this Parish and according to our records has been fully initiated (Baptism, Confirmation and Eucharist) in the Roman Catholic Church. If the sponsor is married, he/she must be married in the Catholic Church. S/he is eligible to act as a Godparent/Sponsor in the Sacrament of Baptism/Confirmation.

\_\_\_\_\_

(Name of Child/Candidate)

\_\_\_\_\_

(Date of Baptism/Confirmation)

Please  
place  
seal here

\_\_\_\_\_

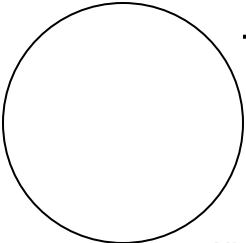
Parish

\_\_\_\_\_

City

\_\_\_\_\_

State



\_\_\_\_\_

**PRINT PASTOR'S NAME** (or Designated Representative)

\_\_\_\_\_

Signature

*All completed forms must be returned to St. Michael Parish **two** weeks prior to the Baptism*