

SAN MARTIN DE PORRES CATHOLIC CHURCH

106 South Alton Boulevard PMB 9023 Alton, Texas 78573
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Rev. Arturo Castillo
Pastor

Baptismal Registration Form

All information is confidential and will be recorded in church registry. Only parents can register the child on the scheduled registration date.

Please print all information clearly.

Child and Parents Information (Child's original birth certificate must be shown at time of registration)

Childs Full Name: _____ **Gender:** Male / Female (Please circle one)

First Middle Last

Child's Date of Birth: _____ City, State of Birth: _____

Fathers Name:

First Middle Last

Mother's Name:

First Middle Last

Parents Contact Phone Numbers:

() - Dad () - Mom

God-parents Information

The Catholic Church requires the following of Godparents: (canon 874.1)

- The parents of the child may not be sponsors.
- The godparents are to be chosen by the parents or guardians.
- You may choose one or two godparents. If you choose two, one must be male and the other female.
- They are to be at least sixteen years of age.
- They must be Catholics who have already been confirmed, and have received the holy Eucharist.

- They should be leading a life in harmony with the faith; i.e., practicing Catholics (attending Mass), if married, in a valid Catholic Marriage, etc.
- They may not be the father or mother of the one to be baptized.
- The godparents must have the qualifications for and intention of carrying out this duty.

God-Mothers Name:

First Middle Last

God-Fathers Name:

First Middle Last

Name of Church of Marriage: _____

Date of Marriage: _____ / _____ / _____ City, State of Church: _____
Month Day Year

God-Parents Contact Phone Numbers:

() - God-Father () - God-Mother

Baptism Class Preparation

Have Parents attended a baptismal preparation class? Yes () No ()

If yes, Where? _____ (Please provide proof if not taken in this church)

Date class taken: _____ Name of Child previously baptized: _____

Have Godparents attended a baptismal preparation class? Yes () No ()

If yes, Where? _____ (Please provide proof if not taken in this church)

Date class taken: _____ Name of Child previously baptized: _____

By signing below, I certify that all information provided on this form, is true and correct; and I hereby give permission for the baptism of the above named child in the Catholic Church.

Signature of parent(s) Date

Signature of parent(s) Date

FOR OFFICE USE ONLY	
Baptism Class Attendance Date: _____	Date of Baptism: _____
Parents _____	_____
God-Parents _____	By: _____ Number _____