

Baptism Registration Form

St. Joseph and St. Catherine of Siena Parishes
21 Pine Street
Woodsville NH 03785



Dear Parents,

Enclosed are the forms and guidelines for obtaining the Sacrament of Baptism for Infants (newborns - age 6) at St. Joseph.

We ask you to read it carefully and provide us with all information necessary as you prepare for the baptism of your child. All information needed is in conformity with the Guidelines for Infant Baptism for the Diocese of Manchester.

Baptism is no mere social convention, but the Sacrament in which Christ Himself purifies, justifies, and sanctifies (cf. 1 Peter 1:23) your child for Eternal Life. We rejoice with you in the birth of your child and look forward to welcoming him into the family of God and the Communion of the Holy Catholic Church.

Please contact our Parish Office (603) 747-2038 if you have any questions, and may God bless you and your child.

CHECKLIST FOR BAPTISM OF INFANTS

For Parents:

_____ Attend a Baptism Preparation Class, either at St. Joseph or another parish (if you have taken a baptism class within the past three years, you do not need to take another class).

_____ Complete Infant Baptism Request Form and turn it in to the Parish Office, along with the following:

Copy of your child's State-Registered Birth Certificate

- Certificates of attendance at a Baptism Preparation class within the past three years.
- If you are not a parishioner of St. Joseph we will need a letter from your parish pastor granting permission for your child to be baptized at St. Joseph.

For Godparents :

- Letters of Verification of Full Communion with the Church from the parish of each Godparent
- Be at least 16 years old
- Be a fully initiated Catholic (received Baptism, First Communion and Confirmation)
- Lead a life in harmony with the Faith and role of a sponsor (i.e. be a registered member of a parish, attend Mass on Sundays and Holy Days and faithful to the laws of the Church regarding marriage)
- Not bound by any canonical penalty
- Not the father or mother of the candidate

At least one of the persons you choose must fulfil these requirements. If you wish to honor a non-Catholic member of your family, they may stand as a Christian Witness to your child's Baptism, provided they have already been baptized.

Infant Baptism Request Form

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Please print all information clearly.

Name of Child:

First: _____ Middle: _____ Last: _____

Date of Birth:

_____ City & State of Birth: _____

Name of Mother:

First: _____ Middle: _____ Maiden: _____

Religion of Mother: _____

Name of Father:

First: _____ Middle: _____ Last: _____

Religion of Father: _____

Mailing Address:

Daytime Phone: _____

Has your child been previously baptized? _____ If so, where? _____

Parish where you are registered: _____

How often do you attend Mass (weekly, monthly, never or other)?

Mother: _____ Father: _____

How often do you receive the Sacraments?

Mother: _____ Father: _____

Requested Date of Baptism (choose two dates):

Names of Godparents:

1st Godparent:

First: _____ Last: _____

2nd Godparent:

First: _____ Last: _____

Questions Regarding Marriage and Family:

Are you married? _____ Name of Church: _____

Date of Marriage: _____ City & State: _____

We hereby request the Sacrament of Baptism for our child:

Father _____

Date _____

Mother _____

Date _____