



# CHURCH OF THE NATIVITY

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## REQUEST FOR THE SACRAMENT OF BAPTISM

Holy Baptism is the basis of the whole Christian life, the gateway to life in the Spirit (*vitae spiritualis ianua*), and the door which gives access to the other sacraments. Through Baptism we are freed from sin and reborn as children of God; we become members of Christ, are incorporated into the Church and made sharers in her mission: "Baptism is the sacrament of regeneration through water and in the word." (CCC 1213)

The Church of Nativity customarily celebrates the Sacrament of Baptism on the fourth Sunday of the month following the 10:30 am Mass. To schedule a baptism, return this form to the parish office and you will be contacted to confirm details.

As a condition for baptism, at least one parent must be a practicing Catholic. At least one Godparent must be a practicing Catholic who will serve as a fitting role model for your child. A baptized Christian may serve along with a Godparent as a Christian Witness. The Godparents need not be physically present for the ceremony, but may be represented by proxy.

## INFORMATION FOR THE BAPTISMAL REGISTER (Please print legibly)

Full Name of the Child: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's City and State of Birth: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Practicing? \_\_\_\_\_

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

Father's Religion: \_\_\_\_\_ Practicing? \_\_\_\_\_

Parent's Mailing Address: \_\_\_\_\_

Parent's Telephone Number: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Godfather/Christian Witness: \_\_\_\_\_ Catholic? \_\_\_\_ Practicing? \_\_\_\_

Godmother/Christian Witness: \_\_\_\_\_ Catholic? \_\_\_\_ Practicing? \_\_\_\_

Requested Baptism Date: The 4<sup>th</sup> Sunday of the Month of \_\_\_\_\_

To Be Completed by Parish Staff:

Scheduled Date: \_\_\_\_\_ Time: \_\_\_\_\_

Form Received: \_\_\_\_\_ Class Date: \_\_\_\_\_ Scheduled: \_\_\_\_\_ Recorded: \_\_\_\_\_

Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Letter and Certificate Mailed (Date): \_\_\_\_\_