

**SAINT THERESA & SAINT CHRISTOPHER BAPTISMAL REGISTRATION FORM**



CATHOLIC FAITH COMMUNITIES OF  
SAINT THERESA AND SAINT CHRISTOPHER  
265 Stafford Rd. Tiverton, RI 02878  
(Office) 401-624-8746 ~ (Fax) 401-625-5384  
www.sstandctiverton.org



**THIS AREA FOR OFFICE USE ONLY**

Presiding Priest/Deacon: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_  
Entered in PS: \_\_\_\_\_ Parents~ Baptism Class attended: \_\_\_\_\_ (Date)  
Recorded in Registry: \_\_\_\_\_ Godparents~ Baptism Class attended: \_\_\_\_\_ (Date)  
Certificate delivered : \_\_\_\_\_ Was child Privately Baptized?: \_\_\_\_\_

**Please print all information clearly**

*All information is confidential and recorded in St. Theresa/St. Christopher Parish Registry*

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

Baptism Date Requested: \_\_\_\_\_

Child's Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

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

*\*(A copy of child's birth certificate must accompany Registration Form)*

Gender of Child: M / F

Was the child born at a hospital? Yes ( ) No ( ) Hospital: \_\_\_\_\_ City/State: \_\_\_\_\_

Father's Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last): \_\_\_\_\_

Religion of Father: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

Mother's Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last): \_\_\_\_\_

Religion of Mother: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

Are Parents Registered Members of St. Theresa or St. Christopher Parish? \_\_\_\_\_

*\*(If you are not a member of either St. Theresa or St. Christopher Parish permission is required from your parish)*

Was the child Adopted? Yes ( ) No ( ) *\*If yes, legal documentation is required.*

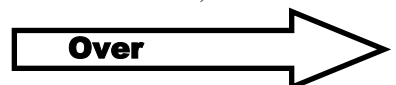
**Marriage Information of Parents**

Marital Status of Parents (Married, single or divorced) \_\_\_\_\_

Were parents married by a Catholic Priest? Yes ( ) No ( ) Church Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

*\*(If single or divorced, attach legal documentation verifying guardianship. A parental permission form is also needed.)*



## Godparent Information

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

- The godparents are to be chosen by the parents or guardians.
- 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.
- You may choose one or two godparents. If you choose two, one must be male and the other female.
- The godparents must have the qualifications for and intention of carrying out this duty.
- **\*\*Non-Catholic Witness (Can.874.2) A baptized person belonging to a non-Catholic ecclesial (church) community may be admitted as a witness to baptism but only along with a Catholic Godparent. This person is not formally called a Godparent, but will be referred to as a Christian Witness.**

Godfather's Name: \_\_\_\_\_ Member of St. Theresa or St. Christopher : Yes ( ) No ( )

If No, Where? \_\_\_\_\_

\*\*\*\*(A Certificate of Eligibility (Sponsor Form) is required from Godparent's Parish)

Is Godfather in a valid Catholic Marriage; i.e., married in the Catholic Church? Yes ( ) No ( ) If yes, where?

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Godmother's Name: \_\_\_\_\_ Member of St. Theresa or St. Christopher : Yes ( ) No ( )

If No, Where? \_\_\_\_\_

\*\*\*\*\*(A Certificate of Eligibility (Sponsor Form) is required from Godparent's Parish)

Is Godmother in a valid Catholic Marriage; i.e., married in the Catholic Church? Yes ( ) No ( ) If yes, where?

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Will either Godparent be represented by a Proxy(ies)? Yes ( ) No ( ) \**(If yes, proxy information must be provided)*

### Christian Witnesses (If not Catholic)

Christian Witness: \_\_\_\_\_ Baptized Faith: \_\_\_\_\_

Name of Church, City and State in which the Christian Witness currently practices :

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\*\*\*\*\*(A Certificate of Eligibility form your Pastor is required from Christian Witnesses Parish)

### Baptism Class Preparation

Have Parents attended a baptismal preparation class? Yes ( ) No ( ) If yes, Where? \_\_\_\_\_

Have Godparents attended a baptismal preparation class? Yes ( ) No ( ) If yes, Where? \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date