

DATA OF BAPTISM
Please Print - Use Full Names
Answer Each Question As Completely As Possible

Name of Child _____ Male Female

Date of Birth _____ City & State of Birth _____

Father's Full Name _____ Religion _____
(First) (Middle) (Last)

Mother's Full Name _____ Religion _____
(First) (Middle) (Maiden Name)

Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile Phone _____

Email _____

Parents Married by _____ Church _____ Date _____

Child's Godfather _____ Religion _____

Child's Godmother _____ Religion _____

Baptism to be performed by _____ Date _____

- Baptism at St. John the Evangelist Baptism at Blessed Sacrament
- by Immersion by Pouring of Water

If Baptism is during Mass, how many pews would you like reserved for family and guests? _____

If your family would like to bring up the gifts during Mass please contact Leonard & Dawn Erina at 810-287-4087 for St. John or Gail Fielder at 810-743-7841 for Blessed Sacrament.

Name of Church you are now registered in _____

(Church) (City) (State)

If you are not registered at St. John or Blessed Sacrament, do you wish to be registered? YES NO

Please list names of your other children

PLEASE RETURN THIS FORM TO

*The Catholic Community of
St. John the Evangelist and Blessed Sacrament*

404 N. Dayton Street Davison, Michigan 48423 (810) 653-2377 Fax: (810) 658-1123
& 6340 Roberta Street Burton, Michigan 48509 (810) 742-3151 Fax: (810)742-1409

**PARISH OFFICE CAMPUS, 404 BUILDING
TWO WEEKS PRIOR TO BAPTISM DATE
God bless you and your child**

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Name of Child: _____

Name of Catholic Godparent(s): _____

Dear Friend:

You have been asked to serve as Godparent for _____.
Godparents serve as Faith-Models for their Godchild. In accepting the responsibility of serving as Godparent, you are indicating your willingness to fulfill your own religious obligations. Catholics serving as Godparents are expected to be registered members of their local church, attend Mass regularly and receive the sacraments frequently. One Godparent must meet these requirements. The other person can be of another Christian tradition and serve as a Christian witness. They should be actively involved in their own church community.

Children grow and move toward spiritual maturity in the company of others – parents, grandparents, brothers and sisters, and other adult members of the Church. It is in the faith example of others that children learn and develop a personal faith life. Without the nurturing effect of this example baptized infants will remain spiritual infants throughout their lives. Children mature by moving from dependence to independence to adult interdependence.

We encourage the Godparents and Christian witness to attend the Baptism Formation sessions at the Catholic Community of St. John Catholic the Evangelist and Blessed Sacrament or in their own parish community if they live outside the area.

Catholics serving as Godparents assume the special responsibility of being living examples of what it means to follow Jesus Christ within the Catholic tradition. For this reason, the Godparents are asked to sign the bottom and return to the Catholic Community of St. John the Evangelist and Blessed Sacrament two weeks prior to the Baptism.

I, the undersigned, am fully aware of my responsibilities as a Godparent and promise to fulfill these responsibilities to the best of my ability. I do so with full awareness that my example in following Christ will be of the utmost importance in the spiritual development of my Godchild.

Godparent(s)

Signature

Signature

Name (Please Print)

Name (Please Print)

Street Address

Street Address

City/State/Zip

City/State/Zip

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ST JOHN CAMPUS PARISH OFFICE, 404 BUILDING
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