Office Use Only:			
Form received in office			
/	/		

DATA OF BAPTISM

Office Baptism S		•	
	/	/	

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

(First) (Middle) (Last)	□ Male	☐ Female
Mother's Full Name	_	
Mother's Full Name	ligion	
Address		
CityState TelephoneMobile Phone Email Parents Married byChurch Child's GodfatherReligion Child's GodmotherReligion Baptism to be performed by	eligion	
City		
Telephone		
Parents Married by Church Religion Child's Godfather Religion Religion Baptism to be performed by Date Baptism at St. John the Evangelist Baptism at St. John the Evangelist Baptism at Baptism is during Mass, how many pews would you like reserved for family and If your family would like to bring up the gifts during Mass please contact Res10-391-6772 or email at rrosefreemandepalma@outlook.com	_ Zip	
Parents Married by		
Child's Godfather		
Child's Godmother	Date	
Baptism to be performed by		
□ Baptism at St. John the Evangelist □ Baptism at E □ by Immersion □ by Pouring of Water If Baptism is during Mass, how many pews would you like reserved for family and If your family would like to bring up the gifts during Mass please contact Re 810-391-6772 or email at rrosefreemandepalma@outlook.com		
□ by Immersion □ by Pouring of Water If Baptism is during Mass, how many pews would you like reserved for family and If your family would like to bring up the gifts during Mass please contact Reserved for family and 10-391-6772 or email at rrosefreemandepalma@outlook.com		
If Baptism is during Mass, how many pews would you like reserved for family and If your family would like to bring up the gifts during Mass please contact Re 810-391-6772 or email at rrosefreemandepalma@outlook.com	lessed Sacr	ament
If your family would like to bring up the gifts during Mass please contact Re 810-391-6772 or email at rrosefreemandepalma@outlook.com		
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? Please list names of your other children	YES	NO

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

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

Name of Child:	
Name of Catholic Godparent(s):	
Dear Friend:	
You have been asked to serve as Godparent of Godparents serve as Faith-Models for their Godch Godparent, you are indicating your willingness to serving as Godparents are expected to be register regularly and receive the sacraments frequently. On other person can be of another Christian tradition a actively involved in their own church community.	ild. In accepting the responsibility of serving as fulfill your own religious obligations. Catholics ed members of their local church, attend Mass e Godparent must meet these requirements. The
Children grow and move toward spiritual maturity in the and sisters, and other adult members of the Church. It is develop a personal faith life. Without the nurturing e spiritual infants throughout their lives. Children mature interdependence.	in the faith example of others that children learn and ffect of this example baptized infants will remain
We encourage the Godparents and Christian witness to a Community of St. John Catholic the Evangelist and Ble they live outside the area.	
Catholics serving as Godparents assume the special resp to follow Jesus Christ within the Catholic tradition. For bottom and return to the Catholic Community of St. Joh prior to the Baptism.	or this reason, the Godparents are asked to sign the
I, the undersigned, am fully aware of my responsibilities to the best of my ability. I do so with full be of the utmost importance in the spiritual development	awareness that my example in following Christ will
Godparent(s)	
Signature	Signature
Name (Please Print)	Name (Please Print)
Street Address	Street Address

PLEASE RETURN THIS FORM TO THE CATHOLIC COMMUNITY OF ST. JOHN THE EVANGELIST AND BLESSED SACRAMENT ST JOHN CAMPUS PARISH OFFICE, 404 BUILDING TWO WEEKS PRIOR TO BAPTISM DATE

City/State/Zip

City/State/Zip