APPLICATION FOR BAPTISM

ST. JOSEPH CHURCH ST STEPHEN CHURCH

#### **18 Main Street, No. Grosvenordale, CT Jct.Rtes.131 & 197, Quinebaug, Ct**

***Mail : P.O.Box 897, No. Grosvenordale, CT 06255-0897***

***860-923-2361 phone – 860-923-3396 fax***

# *V. Rev. David P. Choquette, Pastor*

## *Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

### *First Middle Last*

## *Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## *Father’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## *Mother’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***(Full maiden name)***

## *Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_*

### *Street City State Phone*

***For Catholic Parent(s)***

***Date of Marriage \_\_\_/\_\_\_/\_\_\_ Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Sponsors****:\**

***Godmother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion\_\_\_\_\_\_\_\_\_\_***

### *Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone*

***Godfather’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion\_\_\_\_\_\_\_\_\_\_\_***

### *Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone*

### 

### *If one sponsor is not Catholic: Date and Place of Baptism:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parents must be registered members of St. Joseph Parish or St. Stephen Parish.*

*Baptism to be performed at St. Joseph Church \_\_\_\_\_\_\_\_ or St. Stephen Church \_\_\_\_\_\_\_\_*

*Baptisms are performed at St. Joseph Church on Sundays after the 11:00AM Mass and at St. Stephen Church on Sundays after the 8:30 AM Mass. Families must be at the church immediately following Mass to avoid any delay in the ceremony.*

***Please indicate two choices of dates you would like to have the Baptism and we will try to accommodate your request. Unfortunately, if there are other functions in the Church we may not be able to do so. The Rectory office will contact you as to confirmation of the date and time.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Choice Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Second Choice Date***

###### VERY IMPORTANT – PLEASE READ

**\*The Roman Catholic Church has certain guidelines regarding who can be a Godparent.**

1. **Only one male or one female or one of each sex is to be used as a Godparent.**
2. **To be admitted to the role of sponsor/Godparent, a person must:**
3. **be designated by the one to be baptized, by the parents or by the pastor, and is to have the**

**qualifications and intention of performing this role;**

1. **have completed the sixteenth year of age;**
2. **be a Catholic who has been confirmed and has already received the Sacrament of the Most Holy Eucharist**

**and leads a life in harmony with the faith and the role to be undertaken;**

1. **not be bound by any canonical penalty legitimately imposed or declared;**
2. **not be the father or the mother of the one who is to be baptized.**
3. **A baptized person who belongs to a non-Catholic ecclesial community may not be admitted except**

**as a witness to baptism and together with a Catholic Sponsor.**

**Please note: If the Catholic Sponsor/Godparent is not a member of St. Joseph Parish/St. Stephen Parish,**

**they must secure a Sponsor Certificate from the parish they regularly attend.**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

##### **Signature of Parent Date**