



Baptism Preparation Registration for _____ (month)

Mother: _____ Maiden Name _____

Father: _____

Address: _____

City & State: _____

Email Address: _____

Nativity Member? ____yes ____no Married? ____yes ____no

Have you completed watching Formed.org/ Reborn? ____yes ____no

Baby's information: Birthdate or expected date _____

Name _____

Place of birth _____

First Child? ____yes ____no

If no, Names and ages of siblings _____

Godparents/ Christian Witness

Godparents must have been **confirmed**

At least one must be **Catholic**.

Godparents should be **practicing** their faith

If you have 2 Godparents or 1 Godparent/1 Christian witness, one shall be a **man and one a woman**

Should by 16 or older

Should be **registered** at a parish

Godparents: Male: _____ Catholic ____yes ____no

Female: _____ Catholic: ____yes ____no

Godparents are asked to complete **Baptismal Sponsor Catechesis paperwork** :

http://www.nativitycatholicchurch.net/adult_faith_life/ and click on Infant Baptism

Classes are the second Sunday of each month at 1:00 pm in the Bethlehem Room unless otherwise noted.

Please return the form to Chris Steffan. For Questions: Call 232-2414 x 127 or email Chriss@nativitycatholicchurch.net

Oct. 2017