

St. Francis Xavier Church

115 North First Street

Clayton, NM 88415

Phone: 575 374-8894 Fax: 575 374-9500

Email: sfxclayton@gmail.com

APPLICATION FOR THE SACRAMENT OF BAPTISM

Today's Date: _____ Phone: _____ Cell: _____

Applied By: _____ Relationship: _____

Address: _____

Name of person to be baptized (as it appears on birth certificate):

Date of Birth: _____ Place of Birth: _____

Parent and Godparent Information (Legal Names)

1. Father's Name: _____ Phone: _____

Father's Address: _____

Father's Religious Affiliation: _____

2. Mother's Name: _____ Phone: _____

Mother's Maiden Name: _____

Mother's Address: _____

Mother's Religious Affiliation: _____

3. Are the parents married? Yes ___ No ___ Other ___

Which Church(name) _____ Priest: _____ Deacon: _____ Civil: _____

Name of Parish where registered: _____

4. Legal Guardian 1. _____

Legal Guardian 2. _____

5. Godfather's Name: _____

6. Godmother's Name: _____

7. Name of Proxy: _____

Name of person to be baptized: _____
 Parent(s) Name(s): _____
 Mailing Address: _____
 Phone: _____ Cell: _____

Sacramental Information:

Sacrament Received	Father		Mother		Godfather		Godmother		Notes/Comments
	Yes	No	Yes	No	Yes	No	Yes	No	
Baptism									
Confirmation									
Marriage									

Baptismal Checklist: Please use this list to check off all paper work needed to complete your packet for baptism.

1. _____ Letter of permission from parent's church
(If not registered at St. Francis Xavier).
2. _____ Letter of permission from Godparents' church
(If not registered at St. Francis Xavier).
3. _____ Birth Certificate or Paternity Paper (mandatory).
4. _____ Verification (Certificate) of Class from Parents.
5. _____ Verification (Certificate) of Class from Godparents.
6. _____ Signed Affidavit of Eligibility for Baptismal Godmother.
7. _____ Signed Affidavit of Eligibility for Baptismal Godfather.
8. _____ Donation of \$20.00.

SACRAMENT OF BAPTISM
PREPARATION QUESTIONNAIRE

Jan. 2017

(Please USE the back page or another paper for your answer's)

Name of the Child: _____

FOR THE PARENT/S. OR GURADIAN/S

Name _____ (Mother)

Name _____ (Father)

1. WHAT IS THE SACRAMENT OF BAPTISM?
2. WHAT IS YOUR PERSONAL UNDERSTANDING ABOUT THE SACRAMENT (BAPTISM) AS PARENT/S?
3. WHY DO YOU WANT TO BAPTIZED YOUR CHILD TO THE CATHOLIC FAITH? AND WHAT ARE YOUR THREE (3) REASON'S ON WHY?
4. HOW DO YOU PRACTICE YOUR FAITH AS CATHOLIC? AND IN WHAT/ HOW DO YOU TEACH YOUR CHUILD/CHILDREN ABOUT YOUR FAITH AS A ROLE MODEL PARENT/S?

FOR THE GOD PARENT/S OR WITNESSES

Name _____ (Godmother)

Name _____ (Godfather)

1. WHAT IS THE SACRAMENT OF BAPTISM? WHAT IS YOUR UNDERSTANDING ABOUT THE SACRAMENT?
2. WHY DID YOU RESAPONDED "YES" TO BECOME THE GOD PARENT/S OF THE CHILD (YOUR 3 REASON'S)
3. IN WHAT WAY (AS A GOD PARENT/S) BE A GOOD EXAMPLE OR A ROLE MODEL OF YOUR FAITH AS CATHOLIC TO THE CHILD/ (YOUR 3 REASON'S)