

INFANT BAPTISM REQUEST FORM

St. Susanna Catholic Church

1210 East Main Street
Plainfield, IN 46168
PHONE: (317) 839-3333

FOR OFFICE USE ONLY

Date of preparation class _____ Presented by _____

Attended by: Mother Father Godparent #1 Godparent #2

Date of baptism _____ Time _____

Name of priest or deacon _____

PLEASE PRINT ALL INFORMATION To be completed before attending class or by secretary

Today's Date: _____ E-mail Address: _____

INFORMATION ABOUT THE CHILD

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth _____
(Month/Day/Year) (City/State)

INFORMATION ABOUT THE PARENTS (Guardians)

Father's name: _____
(First) (Middle) (Last) (Religion)

Mother's name: _____
(First) (Middle) (Maiden) (Religion)

Mailing Address: _____
(Street) (Apt.)

(City) (State) (Zip)

Home Telephone: _____ E-mail: _____

Mother Cell: _____ Father Cell: _____

TO BE COMPLETED BY PARENTS during the preparation class

Dates Requested: (please provide 3 options)

1st preference: _____ 2nd preference: _____ 3rd preference: _____

Mass Time Requested: Saturday 5:30 p.m. _____ Sunday 7:30 a.m. _____ 9:15 a.m. _____ 11:30 a.m. _____
During Mass _____ or After Mass _____

Are You Registered Members of St. Susanna? _____ Yes _____ No

Do You Attend Mass Regularly: _____ Yes _____ No

What Is Your Relationship to St. Susanna's? _____

REQUIREMENTS FOR PARENTS REQUEST IN BAPTISM FOR AN INFANT/CHILD:

Parents/guardians must accept the responsibility of raising the infant/child in the practice of the Catholic Faith and nurture that Faith at home and within a Catholic parish. Godparents and the local parish community will assist the parents/guardians with the teachings of the Church.

INFORMATION ABOUT THE BAPTISMAL GODPARENTS

Godparents must be:

- Fully initiated Catholics having the sacraments of Baptism, Confirmation and First Eucharist. Be
- at least 16 years of age,
- Be practicing Catholics who lead a life in harmony with the faith and the role to be undertaken,
- If married, they should have been married in a Catholic ritual. (*The Code of Canon Law, c. 874*).

A baptized non-Catholic is **not** eligible to serve as a baptismal godparent. However, he or she may serve as a Christian witness. Only one godparent is required. If a godparent is not able to be present, that godparent may request a proxy to stand in her/his place.

1. **GODPARENT'S NAME:** _____ Religion _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (Apt.)

(City) (State) (Zip)

Proxy: _____
(First) (Middle) (Last)

2. **GODPARENT'S NAME:** _____ Religion _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (Apt.)

(City) (State) (Zip)

Proxy: _____
(First) (Middle) (Last)

Signed off by Priest or Deacon: _____

Date: _____

Turned Back to Secretary: ___Y ___N

Follow up Call from Secretary: ___Y ___N