



(479) 361-2612 E-Mail: [mwhinnery@stjoetontitown.org](mailto:mwhinnery@stjoetontitown.org)

## Infant Baptism Requirements:

*Parents are obligated to see to it that infants are baptized within the first weeks after birth: as soon as possible after the birth or even before it parents are to go to the pastor to request the sacrament for their child and to be properly prepared for it.  
Code of Canon Law # 867*

- ✘ Need birth certificate of child to be baptized.
- ✘ Must be registered members of this parish. Persons registered at another parish must have their pastor's permission and must have completed the required Baptism preparation at either their home parish, or this one.
- ✘ Parents must attend Mass regularly.
- ✘ At least one parent has to be Catholic.
- ✘ Only one male or one female sponsor or one of each gender shall be used (Can 873).
- ✘ Godparents must be able to provide a letter of Recommendation from their pastor.
- ✘ At least one Godparent must be Catholic. See qualifications below (Can 874):
  - Have the qualifications and intention of performing this role;
  - Be at least 16 years of age.
  - Be a Confirmed Catholic, have received the sacrament of the Eucharist and lead a life in harmony with the faith and the role to be undertaken.
  - If married, was married with the blessing and approval of the Catholic Church.
  - Can not be the mother or father of the one being baptized.
  - Must have proof showing class taken to be Godparent.
- ✘ Those from a non-Catholic ecclesial community may only serve as a witness to Baptism and together with a Catholic sponsor.
- ✘ Parents and Sponsors must attend a Baptism class. If sponsors live out of town, they can attend a class in their own parish.
- ✘ Only after all paperwork is provided will a date of Baptism be discussed



# SAINT JOSEPH

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### Office Use Only:

Godparent Forms: \_\_\_\_\_

Member Forms: \_\_\_\_\_

Book: \_\_\_\_\_

PDS: \_\_\_\_\_

Letter: \_\_\_\_\_

Cert: \_\_\_\_\_

Bull: \_\_\_\_\_

Date /Time of Baptism: \_\_\_\_\_

## Baptism Information:

### Child's Information:

Name of Child: \_\_\_\_\_  
First Middle Last

Male Female  
Please Circle Child's Gender

Date of Birth: \_\_\_\_\_ Place of Birth (City, State) \_\_\_\_\_

### Parent's Information:

Father's Full Name: \_\_\_\_\_  
First Middle Last

Father's Phone Number: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
First Middle Last (Married Name)

Mother's Phone Number: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
(if Different) \_\_\_\_\_  
\_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Married by a Catholic Priest? (Circle One) Y N On \_\_\_\_\_  
Date

Church: \_\_\_\_\_



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## God Parent Information:

God Father Name: \_\_\_\_\_ Catholic? Y N  
First Middle Last

God Father's Phone Number: \_\_\_\_\_ God Father's Email Address: \_\_\_\_\_

God Father's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

God Mother Name: \_\_\_\_\_ Catholic? Y N  
First Middle Maiden Last

God Mother's Phone Number: \_\_\_\_\_ God Mother's Email Address: \_\_\_\_\_

God Mother's Address: \_\_\_\_\_  
(if Different) \_\_\_\_\_  
\_\_\_\_\_

Is either Godparent going to be represented by a stand-in? Y N

Name of Stand-in: \_\_\_\_\_  
First Middle Maiden Last

**Please bring this form to your Baptismal Class or the Parish Office prior to the Baptism.**