

Parent Form for Baptism



Offices located at
429 N 8th Street, Klamath Falls, OR 97601
Phone: 541-884-4566

Mailing Address
815 High Street, Klamath Falls, OR 97601

Dear Parents,

Enclosed are the forms and guidelines for obtaining the Sacrament of Baptism for Infants (newborns—age 6) at Sacred Heart Catholic Church.

Please read it carefully and provide us with all the requested information as you prepare for the baptism of your child. Baptism is no mere social convention, but the Sacrament in which Christ Himself purifies, justifies, and sanctifies (1 Peter 1:23) your child for eternal life.

Sacred Heart rejoices with you in the birth of your child and looks forward to welcoming him/her into the family of God and the communion of the Holy Catholic Church. Please contact our Parish Office at 541-884-4566 if you have any questions, and may God bless you and your child.

Paul R Chutikorn, M.A., Ed.D. cand.
Director of Faith Formation

Checklist for the Sacrament of Baptism

Sacred Heart Catholic Church

- _____ Complete Baptism Certification Course: “Belonging”
- _____ Complete the Parent Baptism Form (Print clearly, this information will appear on your child’s baptism certificate)
- _____ Include copy of child’s birth certificate
- _____ Include Certificate of Completion from a Baptism Class taken within the last year
- _____ *If you are not a parishioner of Sacred Heart* - A letter from your parish pastor granting permission for your child to be baptized at Sacred Heart
- _____ Completed *Godparent Form for Baptism* (for each Godparent)

All paperwork must be turned into the parish office and reviewed prior to scheduling your child’s baptism.

***For a person to stand as a Godparent or Sponsor, the following requirements must be met:**

- Be a fully initiated Catholic, that has received Baptism, First Communion, Confirmation, and if married, is faithful to the laws of the church regarding marriage.
- Lead a life in harmony with the faith and role of a sponsor (be a registered member of a parish, attend mass on Sundays and Holy Days).
- Be at least 16 years old.

*It is strongly recommended that parents take the **Baptism Certification Course** before choosing godparents.*



Baptism Request Form

Please print clearly, this information will be used for the
child's Baptism Certificate
Incomplete forms will not be accepted

I. Child

First _____ Middle _____ Last _____ Suffix _____

Date of Birth _____ City and State of Birth _____

Gender of Child: ___ Male ___ Female

II. Father

First _____ Middle _____ Last _____ Suffix _____

Mailing Address _____ City _____ State _____ Zip Code _____

Email Address _____

Phone: _____ DOB: _____ City and State of Birth _____

III Mother

First _____ Middle _____ Last _____ Maiden _____

Maiden Name _____

Mailing Address _____ City _____ State _____ Zip Code _____

Email Address _____

Phone: _____ DOB: _____ City and State of Birth _____

OFFICE USE ONLY

Paperwork accepted by _____ Date _____

Date of Baptism _____

Time of Baptism _____

Clergy Signature _____ Date _____

Entered into database _____ (date)

Parent Sacramental Information

Incomplete forms will not be accepted

Father

Religion _____

Has the Father received the three Sacraments of Initiation? (Fill in below) If not is Father interested in receiving Sacramental instruction? ___ YES ___ NO

Church of Baptism, City, State, Country

Date of Baptism

Church of First Communion, City, State, Country

Date of First Communion

Church of Confirmation, City, State, Country

Date of Confirmation

Is Father a **registered member** of Sacred Heart, Klamath Falls, OR. ___ YES ___ NO

If NO where? Parish Name _____

City _____ State _____ Country _____

If you are not a member of Sacred Heart, permission is required from the Priest of your proper parish.

Mother

Religion _____

Has the Mother received the three Sacraments of Initiation? (Fill in below) If not is Mother interested in receiving Sacramental instruction? ___ YES ___ NO

Church of Baptism, City, State, Country

Date of Baptism

Church of First Communion, City, State, Country

Date of First Communion

Church of Confirmation, City, State, Country

Date of Confirmation

Is Mother a **registered member** of Sacred Heart, Klamath Falls, OR. ___ YES ___ NO

If NO where? Parish Name _____

City _____ State _____ Country _____

If you are not a member of Sacred Heart, permission is required from the Priest of your proper parish.

As a Couple- Marital Status

Are you as a couple (choose one) ___ Single (living separate) ___ Cohabiting ___ Married ___ Divorced

If married, was the marriage performed by a Catholic Priest or Deacon? ___ YES ___ NO

If YES. Date _____ Parish Name _____

City _____ State _____ Country _____

Does the couple have other children? ___ YES ___ NO If YES, how many? _____

Please list other children and their Date of Birth

