ST. PATRICK CATHOLIC CHURCH

1275 E St. Independence Oregon 97351 Email: stpatrick97351@gmail.com
Phone: (503) 838-1242 Fax: (503) 838-3856 Website: www.staptrickindependence.org

APLICATION FORM FOR INFANT BAPTISM

Name of the child: _____

Date of Birth: Day _____ Month: _____ Year: _____

Place of Birth: City: _____ State: _____

Parents:

Name of the father: _____ Catholic: Yes / No

Address: _____ Telephone: _____

Name of the Parish where you were married: _____

Address of the church: _____ Date of wedding: _____

Name of the mother: _____ Catholic: Yes / No

Address: _____ Telephone: _____

Name of the Parish where you were married: _____

Address of the church: _____ Date of wedding: _____

Godparents:

Name of the first godparent: _____ Catholic: Si / No

Address: _____ Telephone: _____

Relation to the parents of the child? _____ Single ____ Married _____

Name of the second godparent: _____ Catholic: Si / No

Address: _____ Telephone: _____

Relation to the parents of the child? _____ Single ____ Married _____

Note: For Parish staff only

Child:
Birth Certificate: Yes ____No_____

Parents:
Marriage Certificate: Yes ____No _____
Baptismal classes completed: Yes ____No _____

Godfather:
Married: Marriage Certificate Yes ____No _____
Single: Confirmation Certificate Yes ____No _____
Baptismal classes completed: Yes ____No _____
Completed the form for godparent: Yes ____No _____

Godmother:
Married: Marriage Certificate Yes ____No _____
Single: Confirmation Certificate Yes____No _____
Baptismal classes completed: Yes ____No _____
Completed the form for godparent: Yes ____No _____

Payment for the Classes Yes ____ No ____
Payment for the Registration: Yes ____ No_____
Complete: Yes ____ No_____

Officiant.: _____

Church: _____

Date of Baptism: _____ Time: _____

Revised 08/01/23

ST. PATRICK CATHOLIC CHURCH

1275 E St. Independence Oregon 97351 Email: stpatrick97351@gmail.com
Phone: (503) 838-1242 Fax: (503) 838-3856 Website: www.staptrickindependence.org

IMPORTANT INFORMATION TO BAPTIZE A CHILD

Parents

1. If your child is 7 years old and older, he/she is considered to be an ADULT, and therefore, he/she should be instructed in the faith according to the norms of the Archdiocese. In this situation, please contact Fr. Francisco for more information.

2. Parents/guardians have to fill out an application. The application must be completed before participating in the classes.

3. Please provide a copy of the Birth Certificate of the child.

4. Parents must be married. If not, they are encouraged to begin the process of getting married for the sake of the child.

Godparents

1. Godparents have to be married by the Catholic Church.

2. The Godparents have to be Catholic and have the knowledge of the Christian doctrine in order to help the parents educate the child in the faith. You are allowed to have 1 or 2 godparents.

3. The godparents accept the responsibility to help their godchild by living a Christian life, being good children of God. A godparent must be a practicing Catholic.

4. You cannot be godparents if:
   - If you are not baptized
   - If you are under 16 years of age
   - If you are excommunicated
   - If you are living together with your partner, and not married.

5. The date, time and other details of the baptism ceremony are to be discussed with the priest or the deacon.

Schedule for Class:
Baptism class is usually the last Thursday of the Month from 7pm to 8pm. Please inquire at the parish office to be sure. Both parents, the mother and the father of the child, and the two godparents are required to attend the class. The fee is $35.00

ST. PATRICK CATHOLIC CHURCH

1275 E St. Independence Oregon 97351 Email: stpatrick97351@gmail.com
Phone: (503) 838-1242 Fax: (503) 838-3856 Website: www.staptrickindependence.org

Infant Baptism Parent Testemonial/ Bautizo Del Niño/a Infantil Testemonial Del Padre

To Whom It May Concern/ A Quien Corresponda:

Name/Nombre: _____ is the **parent** of: / es el **padre** de:

Name of the child/ Nombre de infante o niño/a): _____

Please mark all that apply/ Marque todo lo que corresponde:

___Yes ___ No. Has attended the pre-bautismal class. Date of class: _____
Ha assistido/a la platica pre-bautismal. Fecha de la platica

___Yes ___ No. Has permission to take the pre-bautismal class outside the parish.
Tiene permiso para tomar la platica pre-bautismal fuera de nuestra parroquia.

___Yes ___ No. Has permission to baptize his/her child outside our parish.
Tiene permiso para bautizar su hijo(a) fuera de nuestra parroquia.

Additional comments/ commentarios adicional: _____

_____

_____

Note/Nota: Any tampering invalidates this document. Cualquier manipulación invalida este documento. This document is valid for 1 year. Este documento es valido por un año.

Parish Representative Signature/
Firma del Representante Parroquial: _____ Date/Fecha: _____

Parish/ Parroquia: _____

City/Cuidad: _____

State/Estado: _____ *Parish Seal/ Celo Parroquial*

ST. PATRICK CATHOLIC CHURCH

1275 E St. Independence Oregon 97351 Email: stpatrick97351@gmail.com
Phone: (503) 838-1242 Fax: (503) 838-3856 Website: www.staptrickindependence.org

Sponsor Testimonial/ Testimonial Del Padrino

To Whom It May Concern/ A Quien Corresponda:

Name/ Nombre: _____ is requesting to be a **godparent** for/
esta persona solicitando ser **padrino/ madrina** para:

Name of the person receiving the sacrament/ Nombre de la persona: _____

The Sacrament/ El Sacramento: _____ Baptism/Bautizo _____ 1st Communion/Primera Comunion

_____ OCIA/OCIC _____ Confirmation/Confirmacion

Please mark all that apply about the godparent/Marque todo lo que corresponda sobre el padrino/la madrina:

____ Yes ____ No. Has attended the class. Date of class: _____
Ha assistido/a la platica. Fecha de la platica:

____Yes ____ No. If living with someone, is married in the Catholic Church. Date of Marriage: _____
Si viviendo con un/a pareja, es casado(a) en la Iglesia Católica. Fecha del Matrimonio

____Yes ____ No. If single, is 16 yrs. old and has received Confirmation: Date of Confirmation: _____
Si soltero/a, tiene 16 años y le recibió Confirmacion. Fecha de Confirmación:

____Yes ____ No. Is active member of the community and attends the Mass regularly.
Es miembro activo de la Communidad y esta participando regularmente en la Misa.

____Yes ____ No. Has permission to be a godparent outside of our parish.
Tiene permiso para ser padrino/madrina fuera de nuestra parroquia.

____ Yes ____ No. Has permission to take class outside the parish.
Tiene permiso para tomar la platica fuera de nuestra parroquia

Additional comments/ commentarios adicional: _____

_____

Note/Nota: Any tampering invalidate this document. Cualquier manipulación invalida este documento.
This document is valid for 1 year. Este documento es valido por un año.

Parish Representative Signature/
Firma del Representante Parroquial: _____ Date/Fecha: _____

Parish/Parroquia: _____

City & State/Cuidad y Estado: _____ *Parish Seal/ Celo Parroquial*