

Requirements to Baptize at St. Philip the Apostle Catholic Church - Under the age of 7

Parents

1. Complete a Baptism preparation class. If not at St. Philip's I will need a certificate or letter of class completion
2. Complete the Baptism paperwork
3. Provide a Birth certificate copy for the child/ren to be Baptized

Godparents

1. Complete a Baptism preparation class. If not at St. Philip's I will need a certificate or letter of class completion
2. **Certificate of Eligibility** –
Parishioner of St. Philip's - Complete **only** your portion and return form to Gwen Kramer
Parishioner at another parish – Complete your portion. Have your parish priest complete his portion and attach their parish seal. Return **original** form to Gwen Kramer

Godparent Requirements (Canon law 872-874)

- Only one godparent is required; if two are chosen one must be male and one female
- May not be the parents
- Must be at least 16 years old
- Must be fully initiated: Baptism, Communion, and Confirmation in Catholic Church
- Must be living the Faith through regular attendance at Mass, etc.
- If married, must be in a marriage recognized as valid by the Catholic Church
- If unmarried, may not be cohabiting
- Only one "Christian Witness" (Baptized non-Catholic) may take part in the ceremony but will not be listed on any certificates or Sacramental records

Baptisms will not be scheduled until all requirements and paperwork are complete. Do not make travel plans prior to receiving a scheduled Baptism date. Baptisms are scheduled the first Saturday of the month. No Baptisms are scheduled during Lent and Holy weeks.

Return all paperwork to Gwen Kramer –

E-mail: gwenk@stphilipcc.org **OR**

St. Philip the Apostle Catholic Church

Attn: Gwen Kramer

1897 W. Main St.

Lewisville, TX 75067

If you have any questions please send me an email.

ST. PHILIP THE APOSTLE CATHOLIC CHURCH
BAPTISM INFORMATION
(Please print clearly)



Full Name of Child _____ Sex: M _____ F _____
Last First Middle

Requested Month of Baptism _____ Scheduled the 1st Saturday of the month at 11:00am

Date of Birth _____ City & State of Birth _____

Father's Full Name _____

Father's Religion _____

Mother's Full Name _____ Maiden _____

Mother's Religion _____

If Catholic, following the sacramental guidelines of the Roman Catholic Church by: (circle one)

Attending Mass regularly? Yes No Married in the Roman Catholic Church? Yes No

Address _____
Street

City, State and Zip _____

Email _____ Home Phone _____

Father Cell _____ Mother Cell _____

Godfather's Full Name _____

Godfather's Religion _____

If Catholic, are you following the sacramental guidelines of the Roman Catholic Church by: (circle one)

Married in the Roman Catholic Church? Yes No Attending Mass regularly? Yes No Confirmed? Yes No

Godmother's Full Name _____

Godmother's Religion _____

If Catholic, are you following the sacramental guidelines of the Roman Catholic Church by: (circle one)

Married in the Roman Catholic Church? Yes No Attending Mass regularly? Yes No Confirmed? Yes No

If godparent (s) cannot be present for the Baptism,

Name of Proxy (ies) _____

Was the child Baptized due to emergency? (circle one) Yes No Was the child adopted? Yes No

Last _____
First _____
Birth Year _____

FOR OFFICE USE ONLY

Date attended Baptismal Seminar _____ at _____

Date of Baptism _____ Mass _____ Minister _____

Volume/Page/Line in Permanent Record Book _____ Entered in PDS _____

ID Number _____

St. Philip the Apostle Catholic Church

1897 W. Main St., Lewisville, TX 75067

972-436-9581 / www.stphilipcc.org



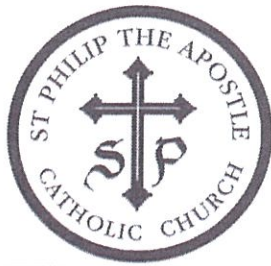
Family Baptism Information

Communal Baptism

1. Parents and godparents should arrive at least 15 minutes before Communal Baptism.
2. Parents and godparents check in with the Sacristan in the Worship Center. They will show you where to sit.
3. Bring a large white pillar candle (one that can stand without a holder).
4. Bring a white hand towel and keep it with you.
5. Bring your child dressed in their white Baptismal Garment.
6. NO flash pictures are allowed during the Baptism ceremony. Do not go up the steps at the baptismal font or move around with the camera to get better pictures during the ceremony. The priest and/or deacon will stay for photos after the Baptisms have taken place. This information should be shared with family and friends attending the Baptism.
7. If there is an emergency and you are not able to be here for your scheduled Baptism, please phone the parish office as soon as possible. Phone 972-219-1902 (answered on weekends in the Worship Center).

Father's signature _____ Date _____

Mother's signature _____ Date _____



Certificate of Eligibility

St. Philip the Apostle Catholic Church
1897 W. Main Street
Lewisville, TX 75067
972-436-9581

WITNESS SPONSOR FOR: _____
(Name of person being Baptized)

GODPARENT INFORMATION

I _____
(please print first and last name, initial each statement, and sign below)

Address: _____

Email Address: _____ Phone Number: _____



I am at least 16 years of age. I am a practicing Catholic and I have received the sacraments of Baptism, First Holy Communion and Confirmation in the Catholic Church.

Name and City/State of parish where I was confirmed:

Confirmation Date: _____



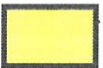
I participate in the Mass on Sundays and Holy Days and receive the Sacraments of Eucharist and Reconciliation regularly.



If married I am validly married according to the laws of the Catholic Church.



I actively strive to live out my commitment to Christ and to the community life of the Church by my loving response to those with whom I come in contact.



I realize that I assume great responsibility before God and the Church in becoming a sponsor and will faithfully fulfill the obligations connected with it. I will give support to the person I am sponsoring by my prayers and by the Christian example of my daily life.

By my signature I attest to the truth of these statements

Godparent Signature

MUST BE COMPLETED AND STAMPED WITH SEAL BY THE SPONSOR'S CURRENT PARISH

Priest Signature _____
(must be signed by a Catholic Priest at your current parish)

Church Name _____

Address _____

Phone # _____

Date _____

