

The Co-Cathedral of St. Theresa

712 No. School Street

Honolulu, HI 96817

Date of Baptism _____

PHONE: (808) 521-1700 FAX: (808) 599-3629 E-MAIL: sttheresa@hawaii.rr.com

BAPTISMAL REGISTRATION FORM (please print or type)

CHILD'S NAME: _____ Male Female

BIRTHDATE: _____ PLACE OF BIRTH: _____

FATHER'S NAME: _____ RELIGION: _____

MOTHER'S NAME: _____ RELIGION: _____
(↑ Mother's MAIDEN Name ↑)

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PHONE (Home): _____ (Work): _____ (Cellular): _____

GODFATHER: _____ RELIGION: _____

GODMOTHER: _____ RELIGION: _____

Parents of the child to be baptized are asked to observe the following:

1. Parents must be registered at the Co-Cathedral of St. Theresa. At least **one** of the parent(s) must be a **practicing** Roman Catholic. This means they **regularly** attend Mass on Sunday and are active members of this parish.
2. **Godparents are limited to two – one male and one female.** Godparents must be at least **16** years of age, have **received** the **Sacraments of Baptism, Eucharist** and **Confirmation** and is in good standing with the church. If available, copies of these sacraments may be turned in to the Parish Office or Baptismal team prior to the baptism preparation class. Godparents **must** submit a completed Godparent Form and Pastor's Verification & Recommendation of Sponsor Form (to be completed by the pastor at the church of the godparent).
3. Parents must attend the scheduled class of Instruction on the Sacrament of Baptism. The **class is required.** There can be **NO Baptism** without attendance to the class. Please arrange for babysitting as **children should NOT be brought** to class. This class is not required but recommended for the godparents.
4. Baptisms are usually celebrated monthly after the 10:30am Sunday Mass. We ask that you attend the 10:30 am Mass. **DO NOT** set any dates or parties until **AFTER** you have provided all of the necessary documents. Generally, there are no private baptisms.
5. **There is a suggested \$50.00 BAPTISMAL OFFERING to the parish, payable by the last class prior to Baptism.**

ATTENDED CLASS: _____ CLASS TAUGHT BY _____
 Parents Godparents Parents Godparents OFFERING _____

GODPARENT FORMS: Godfather Sponsor/Godparent Form
Godmother Sponsor/Godparent Form
Birth Certificate of Child _____

CHILD BAPTIZED BY: _____ PARENTS MARITAL STATUS:
CERTIFICATE: Given Mailed _____ Married in Church Unmarried Civil Marriage
NOTATIONS: Book _____ Page _____ Number _____

Co-Cathedral of St. Theresa
SPONSOR/GODPARENT FORM

Sponsor/Godparent's Name: _____ Age: _____

Baptism/Confirmation Candidate's Name: _____

As a registered and participating member of the Catholic Community of:

Name of Church

Address

City/State/Zip Code

I affirm that:

- I have received the three Sacraments of Initiation: Baptism, Confirmation, and Eucharist.
- I regularly participate in the Sunday Mass and give witness to my faith in Jesus Christ by regularly receiving Him in Holy Communion.
- I am leading a life in harmony with my commitment to Christ and the Church.
- I will give my support to the person I am sponsoring by my prayers and by the Christian example of my daily life.
- I will not be able to be present for the ceremony, but name the following to be my proxy:

Name of Proxy

Sponsor/Godparent's Signature: _____

Witnessed by:

Pastor/ Pastor's Delegate

Date: ____/____/____

Church Seal

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