



CATHOLIC CHARISMATIC CENTER
 1949 Cullen Blvd.
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 Houston, Texas 77023-0287
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 Fr David Bergeron, DRE

BAPTISM REGISTRATION FORM

LAST NAME OF PARENT: _____

FIRST NAME OF PARENT: _____

Title: Circle One **Mr.** **Mrs.** **Ms.** **Miss** **Dr.**

First Name of Spouse: _____

Last Name of Spouse if different: _____

Street Address (Apt.#): _____

City, State: _____

Home Phone: _____

Email Address: _____

Household Status: (circle one) **Married Couple** **Single Parent** **Other**

NAME OF CHILD TO BE BAPTIZED: _____

DATE OF BIRTH: _____

BIRTH PLACE: _____

Sacramental Preparation is provided on a limited basis at the Catholic Charismatic Center. To ensure we will be able to assist you. Please answer the following questions:

Have you attended Orientation? _____ **Yes** _____ **No**

If you have attended Orientation, please provide an approximate date _____

Have you attended a Faith into Fire Weekend? _____ **Yes** _____ **No**

If you have attended Faith into Fire, please provide an approximate date _____

The information collected on this form will become the property of The Catholic Charismatic Center of Houston, under The Diocese of Galveston-Houston and will used solely to further its mission as a worship community in the Diocese Galveston-Houston.

GUIDELINES FOR CHOOSING GODPARENTS

Diocesan policy requires Godparents to be:

- Over the age of 16 and having been fully initiated into the church by (Baptism, First Communion and Confirmation)
- Actively practicing their Catholic Faith
- One male and one female; with a limit of two
- If married they must be married in the Catholic Church.

GODPARENT (1): _____

(Please list the full legal name IE: George Smith, Jr. or Mary Louise Jones)

_____ **Male**

_____ **Female**

Catholic

_____ **Yes**

_____ **No**

Married

_____ **Yes**

_____ **No**

Married in the Catholic Church

_____ **Yes**

_____ **No**

GODPARENT (2): _____

(Please list the full legal name IE: George Smith, Jr. or Mary Louise Jones)

_____ **Male**

_____ **Female**

Catholic

_____ **Yes**

_____ **No**

Married

_____ **Yes**

_____ **No**

Married in the Catholic Church

_____ **Yes**

_____ **No**

The state of Texas accepts a Baptismal Certificate as proof of age; therefore, the information must Match the Birth Certificate. To ensure your child's baptism is properly recorded, an ORIGINAL certified Birth Certificate or Birth Facts would be required. A commemorative certificate with the child's Footprints is unacceptable.

Date of Baptism: _____ **Baptized By:** _____

Book#: _____ **Page:** _____ **Notarized By:** _____ **Date:** _____

Baptized _____ **1st Communion** _____ **Confirmation** _____