



St. John the Evangelist

BAPTISM preparation

- 1) We expect those who believe the Good News of Jesus Christ and seeks baptism for their family will **attend Sunday Mass weekly**.
- 2) **Baptism Registration Form.**
- 3) **Godparent letter.** *A quick note about Godparents, according to Church Law (Canon 872-874): at least one Godparent must be an active, practicing Catholic; the second may be Baptized into any Christian faith but they must be Baptized; there may be one male or one female or one of each gender; they must be over 16 years of age and Confirmed; and Godparents cannot be the biological/ adoptive parents or current legal guardians.*
- 4) **View the three-part video series called REBORN.** This is REALLY terrific!
 - Go to www.formed.org
 - Create a log in.
 - Find THE **SACRAMENTS** scrolling banner.
 - Find the **REBORN** series.
- 5) **Meet with our Director of Faith Formation, Todd Gale or the Administrator of Faith Formation, Angel Koerkel.**
- 6) Paperwork returned within **10 days before the Baptism**, please.
- 7) Baptisms on the **third Sunday of the month**, your choice of time.

REBORN
YOU, YOUR CHILD, AND THE HEART OF BAPTISM



Todd Gale todd@saintjohnjackson.org
Angel Koerkel angel@saintjohnjackson.org

517 784 0553



BAPTISM DATE: _____
MASS TIME: _____

St. John the Evangelist Catholic Church

BAPTISM REGISTRATION

Internal Confidential Information

CHILD

NAME: _____ DATE of BIRTH: _____ GENDER: _____
(Last) (First) (Middle)

PLACE of BIRTH: _____ EMERGENCY BAPTISM?: () Yes () No
(City) (State)

MOTHER

NAME: _____ MAIDEN: _____
(Last) (First) (Middle)

RELIGION:

- () Catholic
() Latin Rite () Other _____
() Baptism () Eucharist () Confirmation
() Registered () Active

Church of Baptism: _____
Address: _____

- () Christian, denomination: _____
() Non-Christian, specify: _____

FATHER

NAME: _____
(Last) (First) (Middle)

RELIGION:

- () Catholic
() Latin Rite () Other _____
() Baptism () Eucharist () Confirmation
() Registered () Active

Church of Baptism: _____
Address: _____

- () Christian, denomination: _____
() Non-Christian, specify: _____

PARISH of FAMILY REGISTRY

(parish where family is currently attending Mass & registered)

Church Name: _____
Address: _____
(if other than St. John): _____

CHILD'S RESIDENCE/CONTACT INFO

ADDRESS: _____ PHONE: _____
(street)
_____ EMAIL: _____
(city, state, zip)

GODMOTHER

NAME: _____ MAIDEN: _____
(Last) (First) (Middle)

RELIGION:

- Catholic
 - Baptism Eucharist Confirmation
 - Registered Active
 - Verification Letter Received

Baptism Church: _____
Address: _____

- Christian, denomination: _____
- Non-Christian, specify: _____

GODFATHER

NAME: _____
(Last) (First) (Middle)

RELIGION:

- Catholic
 - Baptism Eucharist Confirmation
 - Registered Active
 - Verification Letter Received

Baptism Church: _____
Address: _____

- Christian, denomination: _____
- Non-Christian, specify: _____

PERMISSION TO PUBLISH

(please check only ONE)

- I give permission for pictures of my child's Baptism to be published on parish media (website, bulletin, Facebook, etc) **with names** included
- I give permission for pictures of my child's Baptism to be published on parish media (website, bulletin, Facebook, etc) but **no names** may be used
- I give permission for my child's Baptism to be published on parish media (website, bulletin, Facebook, etc) but **only names—no images/pictures—**may be used
- I do **NOT** want any kind of notification of this Baptism to be published (no pictures, names, or family information of any kind) in any kind of media (website, bulletin, Facebook, etc).

Parent Signature: _____

FOR OFFICE USE:

Notes:

Baptism Prep Meeting:

- Attended, date: _____ Attended w/ previous children

Baptism COMPLETED

Info sent to school for follow-up

Baptism RECORDED in Registry and electronically

By _____ Date _____

Registry book and page: _____



ST. JOHN THE EVANGELIST
PARISH
COME AND SEE

711 N. Martin Luther King Dr.
Jackson, MI - 49201
517-784-0553

OFFICE HOURS:
Monday-Friday
8:00am-4:00pm

Name of Person to receive sacrament: _____

Sacrament: Baptism
 Confirmation

Godparent/Sponsor Letter

(This letter must be completed and signed by the Godparent/sponsor, and then signed and sealed by a Priest or authorized delegate at the parish where the Godparent/sponsor is registered and attending)

Godparent/Sponsor:

First Name: _____ Last Name: _____

Maiden Name: _____

Mailing address: _____

Email address: _____ Phone: _____

Code of Canon Law #872-4 (summary): "To be permitted to take on the function of a sponsor a person must: ... have the aptitude and intention of fulfilling this function; have completed the sixteenth year of age; be a Catholic who has been confirmed and has already received the most holy sacrament of the Eucharist and who leads a life of faith in keeping with the function to be taken on; not be bound by any canonical penalty legitimately imposed or declared."

By my signature, I am testifying under oath in the Divine Name that:

1. **I am a Roman Catholic** and have celebrated all of the Sacraments of Initiation (Baptism, Eucharist, Confirmation)
2. **I participate regularly in Sunday Mass** and Holy Days of Obligation
3. **I give witness** to my faith in Christ Jesus **by receiving** Him in **Holy Communion** at Mass **and celebrating the sacrament of Reconciliation** at least once a year
4. If married, **I am married according to the laws of the Catholic Church**
5. **I am at least 16 years of age** or will be by the date of Baptism/Confirmation for which I will be a sponsor
6. **I am aware that I am assuming a serious, lifelong responsibility** to be a good role model in the Catholic faith by my life and my prayer

Signature: _____ Date: _____

To the Godparent's Pastor:

The above information is true to the best of my knowledge and I consider the above named person qualified to act as a Sponsor for the Sacrament of Baptism/Confirmation.

Pastor's/approved delegate's signature: _____

Printed name: _____

Name/Address of parish: _____

Date: _____

Please return this letter to:

St. John the Evangelist
attn: Faith Formation Dept
711 N. Francis St.
Jackson, MI 49201