

**St. Vincent de Paul Catholic Church**  
1010 Columbia St. NE Salem OR 97301-7265  
stvdpc@gwestoffice.net  
Phone: 503-363-4589 Fax: 503-363-9493

We do not charge for the Sacrament of Baptism.  
Payment is for the class only.

# Registration for Baptism

Non-refundable registration fee of \$25 per couple:

Parents:  Received \_\_\_\_\_ Date of upcoming class \_\_\_\_\_

Godparents:  Received \_\_\_\_\_

**Do not write in the section. For Office Use only.**

Month you would like to baptize: \_\_\_\_\_

## IMPORTANT NOTES:

- Submit this registration form with a copy of the baby's birth certificate if you are requesting baptism at St. Vincent de Paul Church.
- It is required that both parents and both godparents take a preparation class.
- Godparents must be at least 16 years old, have been baptized, received First Communion, Confirmed, and regularly attend Mass. If married, the godparents must have had the Sacrament of Marriage performed in the Catholic church. Two (2) godparents are requested; however, one (1) is sufficient.
- Children age 7 years old and up are not treated as an infant baptism. The child prepares through Religious Education classes. The baptism will occur during that preparation.

**Child's complete name:** \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Father's full name:** \_\_\_\_\_

Catholic  Yes  No Received First Communion?  Yes  No Confirmed?  Yes  No Telephone # \_\_\_\_\_

**Mother's full name:** \_\_\_\_\_

Catholic  Yes  No Received First Communion?  Yes  No Confirmed?  Yes  No Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are parents:  Married, if so, was marriage celebrated through the Catholic Church?  Yes  No

Not Married, Address (if different): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Godfather's full name:** \_\_\_\_\_

Catholic  Yes  No Received First Communion?  Yes  No Confirmed?  Yes  No Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married Date: \_\_\_\_\_ Name of Church \_\_\_\_\_ Location \_\_\_\_\_

What is the relationship with the parents? \_\_\_\_\_

**Godmother's full name:** \_\_\_\_\_

Catholic  Yes  No Received First Communion?  Yes  No Confirmed?  Yes  No Telephone # \_\_\_\_\_

Single Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the relationship with the parents? \_\_\_\_\_

Envelopes will be provided if you would like to make a donation to the church for the service.

## Do not write in the section. For Office Use only.

Date attended class \_\_\_\_\_  
Father \_\_\_\_\_ Godfather \_\_\_\_\_  
Mother \_\_\_\_\_ Godmother \_\_\_\_\_

Date & Time of Baptism: \_\_\_\_\_

Name of Church if not St. Vincent \_\_\_\_\_

Class only, Prepare letter of Permission.

Revised April 2016

**La Iglesia Católica de San Vicente de Paul**  
 1010 Columbia St. NE Salem OR 97301-7265  
 stvd@qwestoffice.net  
 Teléfono: 503-363-4589 Fax: 503-363-9493  
 No cobramos por el Sacramento del Bautismo.  
 Son \$25 por pareja para anotarse a platicas.

**Registración para Bautismo**

**\$25 cada pareja**-costo de registraci3n es no-reembolsable

Padres:  Fecha \_\_\_\_\_ Fecha de la Platica \_\_\_\_\_

Padrinos:  Fecha \_\_\_\_\_

**NO ESCRIBA AQUÍ. Solo para uso de la Oficina.**

El mes que quiere bautizar: \_\_\_\_\_

**NOTAS:**

- Entregar la registraci3n con el acta de nacimiento si quieres bautizar en la Iglesia de San Vicente.
- Se requiere que los papas y padrinos atiendan a la platica bautismal.
- Los Padrinos se requiere que hayan cumplido un m3nimo de 16 a1os y haber sido bautizados, recibido la primer comuni3n y confirmado en la iglesia cat3lica. Si los padrinos son casados deben haber sido casados en la iglesia Cat3lica. Se piden dos padrinos pero uno solo es suficiente.
- Ni1os de 7 a1os no pueden ser bautizado como bebe. Ni1os se preparan en clases de catecismo. El bautismo ocurrir3 durante esa preparaci3n.

**Nombre completo del ni1o/ni1a:** \_\_\_\_\_

Fecha de nacimiento: Mes: \_\_\_\_\_ D3a: \_\_\_\_\_ A1o: \_\_\_\_\_ Ciudad de nacimiento: \_\_\_\_\_

**Nombre de Papa:** \_\_\_\_\_

Cat3lico  Si  No Primera Comuni3n  Si  No Confirmado  Si  No \_\_\_\_\_ Numero de Tel3fono \_\_\_\_\_

**Nombre de Mama:** \_\_\_\_\_

Cat3lico  Si  No Primera Comuni3n  Si  No Confirmado  Si  No \_\_\_\_\_ Numero de Tel3fono \_\_\_\_\_

Direcci3n: \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ C3digo Postal \_\_\_\_\_

Padres son:  Casados. El matrimonio haber sido en la iglesia Cat3lica?  Si  No

Soltero, Direcci3n (si es diferente): \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ C3digo Postal \_\_\_\_\_

**Nombre de Padrino:** \_\_\_\_\_

Cat3lico  Si  No Primera Comuni3n  Si  No Confirmado  Si  No \_\_\_\_\_ Numero de Tel3fono \_\_\_\_\_

Direcci3n: \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ C3digo Postal \_\_\_\_\_

Casados Fecha de la boda: \_\_\_\_\_ Nombre del Iglesia \_\_\_\_\_ Ciudad: \_\_\_\_\_

Que relaci3n tiene con los padres? \_\_\_\_\_

**Nombre de Madrina:** \_\_\_\_\_

Cat3lico  Si  No Primera Comuni3n  Si  No Confirmado  Si  No \_\_\_\_\_ Numero de Tel3fono \_\_\_\_\_

Soltero Direcci3n: \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ C3digo Postal \_\_\_\_\_

Que relaci3n tiene con los padres? \_\_\_\_\_

Les damos sobres a los papas y a los padrinos al terminar el Bautizo para una donaci3n a la Iglesia.

**NO ESCRIBA AQUÍ. Solo para uso de la Oficina.**

Fecha de la platica _____ Papa _____ _____ Mama _____	Fecha y hora de la Bautizo: _____ Nombre de la Iglesia si no es San Vicente _____ <input type="checkbox"/> Platica solamente, carta de permiso.
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Revisad Abril 2016