

HOLY BAPTISM

Holy Trinity Catholic Church
3122 Poinsetta Dr. Colorado Springs, CO 80907
(719) 633-2132

CHILD'S LEGAL NAME: (First, Middle, Last) _____

Date of Birth: ___/___/___ City/State of Birth: _____

Male [] Female [] **A COPY OF THE BIRTH CERTIFICATE IS REQUIRED.**

PARENTS: Father's Legal Name: _____

Religion: _____ Email address: _____

Mother's Legal Name: _____ Maiden: _____

Religion: _____ Email address: _____

HOME ADDRESS: _____

HOME PHONE: _____ Father # _____ Mother # _____

MARRIAGE INFORMATION Were you married in the Catholic Church? Yes [] No []

Church Name, City, State, Zip _____

Or married in a church of another religion? Yes [] No [] Or, by Judge or JP? Yes [] No []

CURRENT PARISH: (Name, city, state, zip) _____

PARENTS ATTENDED BAPTISMAL CLASS? Yes [] No []

Date & Parish: _____

GODPARENTS: Godfather: _____

Godmother: _____

Have Godparents attended Baptism Class? Yes [] No []

Date & Parish of Class: _____

Will Godparents be present for Baptism? Yes [] No []

CHRISTIAN WITNESS: _____ Religion: _____

Godparents not from Holy Trinity need to submit a letter from their parish stating that they are baptized, practicing Catholics and that they have received baptismal instruction in the last three years. They must also submit a current Baptism Certificate with sacramental notations. Catholics married outside the Church, Catholics who choose to cohabit outside of the Sacrament of Marriage or those who have remarried without an annulment are not permitted to be Godparents. If they are not Catholic they may be a Christian Witness, but you must have at least ONE Godparent.

A non-Catholic sponsor needs to submit a letter stating that he/she is a baptized, practicing Christian.

Please contact the Parish Office at 633-2132 to schedule the Baptism once all required paperwork has been submitted and verified.

FOR OFFICE USE

BAPTISM SCHEDULED: ___/___/___

CELEBRANT: _____

Time: _____

Date recorded in Sacramental Records: _____ PS: _____ Chancery: _____