

# *Blessed Sacrament Parish*

14072 Olive Street, Westminster, California 92683 • Tel: (714) 892-4489 • Fax: (714) 892-5560

## REGULATIONS FOR INFANT BAPTISM

### **A. Requirements:**

1. Parents(s) are Catholic and registered at Blessed Sacrament Parish.
2. Attend Sunday mass weekly at Blessed Sacrament, calling Blessed Sacrament your home parish.
3. Married in the Catholic Church by a priest or deacon, or approved by the Catholic Church.
4. Live within the parish boundaries.  
If not, provide letter of permission from pastor of parish assigned to that area.

### **B. Baptism for children age 7 or older:**

Contact the Office of Faith Formation at (714) 897-2141

### **C. Conditions requiring special consideration:**

1. Married, but not in the Catholic Church or not approved by the Catholic Church.
2. Not married – living together.
3. Single parent.
4. Non parent wishing baptism for an infant.

*\* Please contact Parish Center Office and schedule an appointment with the priest for further discussion of your particular situation.*

### **D. Regulations for Godparents:**

1. Catholic age 16 or older.
2. Received Sacraments of Baptism, First Communion, and Confirmation.
3. Received Marriage Sacrament in the Catholic church (for marriage couple).
4. Attends mass every Sunday and are practicing Catholics.

### **E. Requirement for parents/Godparents for infant baptism:**

1. Both parents and Godparents should attend the baptismal class at Blessed Sacrament Parish.
2. Or, Attend baptism class in their respective parish, and provide documents indicating attendance at class to Blessed Sacrament Parish office in advance.
3. Attend Mass the day of the baptism.

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## Application for Baptism

Date of Baptism: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State

Father's Name: \_\_\_\_\_  
First Middle Last

Religion of Father: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_  
First Middle Last

Religion of Mother: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Were the child's parents married in the Catholic Church? \_\_\_\_\_

Name of Godfather: \_\_\_\_\_

Is Godfather a Catholic? \_\_\_\_\_

Name of Godmother: \_\_\_\_\_

Is Godmother a Catholic? \_\_\_\_\_

Is either Godparent represented by Proxy? \_\_\_\_\_

Name of Proxy: \_\_\_\_\_

Was the child privately baptized? \_\_\_\_\_

Was the child adopted? \_\_\_\_\_

Amount paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_