



# St. Isidore the Farmer Catholic Church

14414 St. Isidore Way ● 540-672-4933 ● Arlington Diocese

## Baptismal Register Information Form

Reg. Pg. \_\_\_\_\_

NAME OF BAPTIZED: \_\_\_\_\_

LAST

First

Middle

Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Father's Full Name: \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Father's Telephone #: \_\_\_\_\_ Mother's Telephone #: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Godfather or  Christian witness (male) \_\_\_\_\_

Godmother or  Christian witness's Religion (female): \_\_\_\_\_

Proxy's Name & Religion (if applicable): \_\_\_\_\_

Note: One of your godparents must be Catholic. Proxy for: \_\_\_\_\_

Has the child been privately baptized (due to an emergency)? \_\_\_\_\_ Where? \_\_\_\_\_

- Yes, I am a registered parishioner (attach verified, up-to-date copy of parish registration).
- Yes, I have attached a certificate of live birth or a birth certificate (required if the child is age 7+).
- Yes, I have attached godparent/sponsor certificates or affidavits of both the godfather and godmother (or Christian witness, or proxy).

I verify this information to be accurate, and I consent to the Baptism: \_\_\_\_\_

Signature of baptized/parent/guardian

This section is to be completed by the celebrant and returned to the Recorder of Sacraments:

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

Special Circumstances:

- Conditional Baptism
- Emergency Baptism (with / without Emergency Confirmation)
- Supplied the Rites of Baptism dated: \_\_\_\_\_ by: \_\_\_\_\_
- Ritual Ascription to: \_\_\_\_\_ (send notification)
- Adult Baptism – Age 7+ (with / without Communion; with / without Confirmation)
- Other Notations (e.g., Marriage, Death)

- Certificate sent
- Baptized added to family in parish database, including Baptism information

Sample Proxy Affidavit

I, \_\_\_\_\_ will be the Sponsor/Proxy

for the Baptism of \_\_\_\_\_ (Person to be baptized)

at \_\_\_\_\_ (Church name)

in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

**According to Diocesan regulations and Canon Law, I meet the following qualifications:**

- I am a practicing Catholic who has received the Sacraments of Baptism, Penance, Eucharist, Confirmation.
- If I am married, my (present) marriage is a valid Catholic marriage.
- As a practicing Catholic, I will receive Communion at the Mass.
- I am at least 16 years old.
- I am not the mother or father of the candidate.
- I have every intention of fulfilling my role as Sponsor or Proxy.

**I am serving as:**

- Sponsor.
- Proxy (must not be the parent for Baptism; may be parent for Confirmation).

I am an active registered member of \_\_\_\_\_ Catholic Church  
in \_\_\_\_\_ (City and State). In accepting the  
role as Sponsor or Proxy, I hereby testify that I meet all the requirements to be a Sponsor or Proxy.

\_\_\_\_\_  
Sponsor/Proxy Signature

Date:

\_\_\_\_\_  
Priest's Signature (and seal)

Date:

Sample Affidavit for Missing Records: Baptism

**Affidavit for Baptism**

TESTIMONY ON BEHALF OF: \_\_\_\_\_

Name of Person giving testimony: \_\_\_\_\_

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

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

How long have you known the person whose name appears above? \_\_\_\_\_

Relationship: \_\_\_\_\_

Has this person been Baptized in the Catholic Church?  Yes  No

Has this person been Baptized in a Christian Church?  Yes  No

If yes, name of Church: \_\_\_\_\_

Has this person been Baptized in an emergency at home or hospital?  Yes  No

If yes, name the location: \_\_\_\_\_

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

Name of Parish: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Name of Godparents: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Celebrant of the Baptism: \_\_\_\_\_

Were you present at the Baptism?  Yes  No

Do you swear to and affirm the truth of the above statements?  Yes  No

Signature of Witness: \_\_\_\_\_

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

Signature of Clergyman: (*Parish Seal*) \_\_\_\_\_

Parish Name and Address: \_\_\_\_\_

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

Sample Certificate: Baptism (Front)

# CERTIFICATE OF BAPTISM

NAME OF THE CATHOLIC CHURCH

Street Address

City, State, Zip Code

This is to certify

That: \_\_\_\_\_ sex: \_\_\_\_\_

child of \_\_\_\_\_

and \_\_\_\_\_

born in \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_

on the \_\_\_\_\_ day of the month of \_\_\_\_\_ in the year \_\_\_\_\_ of our Lord

was BAPTIZED

according to the Rite of the Roman Catholic Church

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

the Sponsors being: \_\_\_\_\_

and \_\_\_\_\_

as recorded in the Baptismal Register of this Church.

Dated: \_\_\_\_\_

Signed and Sealed by the Pastor: \_\_\_\_\_

Sample Certificate: Baptism (Back, for Notations)

(Back of Baptism Certificate)

NOTATIONS

HOLY COMMUNION:

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

Church: \_\_\_\_\_

Place: \_\_\_\_\_

CONFIRMATION:

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

Church: \_\_\_\_\_

Place: \_\_\_\_\_

MARRIAGE(S):

Spouse: \_\_\_\_\_

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

Church: \_\_\_\_\_

Place: \_\_\_\_\_

HOLY ORDERS:

Degree: \_\_\_\_\_

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

Church: \_\_\_\_\_

Place: \_\_\_\_\_

RELIGIOUS PROFESSION:

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

Church: \_\_\_\_\_

Place: \_\_\_\_\_

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