

# Baptism Registration Packet



Sacred Heart Parish

Oxford, PA



# Congratulations!



Dear Parents,

Congratulations on choosing baptism for your child!

It is a glorious day in Heaven and on Earth when another soul joins the Body of Christ!

Before your child's big day, we would like you to complete the following:

- ✝ Read this packet in its entirety and visit our website at <https://www.sacredheart.us/baptism> or use the QR code below for more detailed information regarding our baptismal procedures. If you have any questions, contact Alexis Witiak at [faithformation@sacredheart.us](mailto:faithformation@sacredheart.us) or call the office at 610-932-5040.
- ✝ Complete the attached Baptism Registration Form and **personally hand it** to Father Anthony Raymundo after a weekend or weekday Mass. After greeting the congregation, Father will spend about 5-10 minutes with you to review your registration form and further speak with you regarding this special day.
- ✝ If your child's Godparent/Sponsor is a practicing Catholic who attends Sacred Heart Parish, provide him/her with the attached Godparent/Sponsor Form. Godparents/Sponsors **must also personally hand in their form** to Father Anthony. More information regarding Godparents/Sponsors can be found online.
- ✝ Turn in all required paperwork (i.e Godparent/Sponsor Forms) **NO LATER THAN** the Sunday before the scheduled baptism.
- ✝ Attend a scheduled Pre-Jordan class led by Father Anthony. (If applicable)

We look  
forward to  
celebrating  
with you!





# Baptism



## REGISTRATION FORM

Child's Full Name: \_\_\_\_\_

Gender:  Male  Female Requested Date of Baptism: \_\_\_\_\_

Place and Date of Birth: \_\_\_\_\_ (City, State) \_\_\_\_\_ (MM/DD/YYYY)

### Family Information

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

Religion:  Catholic  Other

Mother's Name: \_\_\_\_\_

Religion:  Catholic  Other (First, Maiden Name)

### Contact Information

Phone Number: \_\_\_\_\_

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

### Godparent/Sponsor Information

Name of Godparent/Sponsor #1: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Practicing Catholic?  Yes  No

Name of Godparent/Sponsor #2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Practicing Catholic?  Yes  No

### Additional Information

Would you like to receive more information about Sacred Heart Parish?  Yes  No

Would you allow your child's name to be printed in the Parish Bulletin?  Yes  No

\_\_\_\_\_  
Approved by Father

\_\_\_\_\_  
Date of Pre-Jordan Class  N/A

