

# Baptizing Your Child at St. Clare's Church at



### **CHURCH ATTENDANCE**

St. Clare's Church extends a warm welcome to anyone who wishes to become part of our parish family. If you are not registered in the parish you are welcome to do so by filling out the registration form found on the Sunday bulletin.

### **BAPTISMAL PREPARATION CLASSES**

At St. Clare's we ask parents and godparent(s) to attend a Baptismal preparation class.

### **TIMES OF BAPTISM**

Baptisms take place one Sunday a month at 1:00pm. The specific date is determined and assigned by the Parish. **Please ensure that a baptismal date is confirmed with the office before booking a venue.**

### **PHOTOGRAPHY**

Please check with the priest celebrant on the day of the Baptism regarding photography etiquette. Photographers are asked to behave in a respectful manner and be mindful of others' need to witness the Baptism.

### **BAPTISMAL RECORD**

Your child's permanent record will be kept at this parish. A Baptismal certificate will be provided on the day of the Baptism. We ask that you please provide us with a copy of your child's birth certificate along with this form.

### **CHURCH OFFERING**

It is customary for families to make an offering to the church on the occasion of a child's Baptism. We are grateful for whatever you are able to offer.

### **DOCUMENT CHECK LIST - PLEASE ATTACH THE FOLLOWING:**

Child's Birth Certificate ☐  
Baptism Certificate: Father ☐ OR Mother ☐  
My Offering \$\_\_\_\_\_ ☐

### **IMPORTANT INFORMATION – Please read carefully**

#### **Choosing Your Child's Godparents**

Usually there are two godparents, one **male** and one **female**. Choosing to have one godparent only is also permitted.

#### **A godparent:**

- ☐ must be at least 16 yrs. old .
- ☐ is a **practicing** Catholic - Confirmed and in Full Communion with the Church
- ☐ **is a Catholic (Roman or Byzantine Rite)** who is leading a life in harmony with the faith – attending Sunday Mass at a **Catholic Church** regularly, receiving communion and the sacrament of reconciliation (confession) regularly.
- ☐ cannot be the father or mother of the child.

#### **A Christian Witness**

*A person who is baptized in a non-Roman Catholic community (ie. Anglican, United, Presbyterian ...) may be a Christian witness **as long as a Catholic godparent is also present.***

*When two people are asked to be godparents or Christian witness, they are to be **male and female**. If you are not sure whether a person is a suitable candidate, please consult the Parish Office **before** asking that person.*

**Catholics who were baptized Catholic, but are now practicing another faith may not act as Christian witness or godparent.**



# ST. CLARE'S CATHOLIC CHURCH, TORONTO

133 Westmount Avenue, Toronto, Ontario M6E 3M6

☎ (416) 654-7087

☎ (416) 654-7090

✉ officestclare@gmail.com

https://stclaresto.archtoronto.org

## REGISTRATION FORM FOR BAPTISM

**Please complete this form and submit to parish office.**

**PLEASE PRINT CLEARLY.**

**Name of Parish:** \_\_\_\_\_ **City:** \_\_\_\_\_

- ☐ I currently live within the territorial boundaries of the parish.  
☐ I currently do not live within the territorial boundaries of the parish, but I am formally registered.

Telephone Number – Home \_\_\_\_\_

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

Father's Cell #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_

Full Address \_\_\_\_\_

### For Office Use:

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

Attended Class: ☐ YES ☐ NO

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

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

**CHILD's INFORMATION:** ☐ MALE ☐ FEMALE

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (Day/Month/Year)

BIRTH PLACE \_\_\_\_\_ (City / Province / Country)

### FATHER's INFORMATION:

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FATHER'S RELIGION \_\_\_\_\_

If Baptized Catholic: Copy of Baptismal Certificate attached: ☒ YES ☐ NO

Received Sacrament of Confirmation: ☐ YES ☐ NO

☐ I am a parent of, or have legal custody of the child.

### MOTHER's INFORMATION:

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

(Before Marriage)

MOTHER'S RELIGION \_\_\_\_\_

If Baptized Catholic: Copy of Baptismal Certificate attached: ☐ YES ☐ NO

Received Sacrament of Confirmation: ☐ YES ☐ NO

☐ I am a parent of, or have legal custody of the child.

## **Eligibility of Godparents**

Canon 873: - There is to be only one male or one female godparent or one of each.

- At least 16 years of age
- Fully initiated in the Catholic Church (received Baptism, Holy Communion and Confirmation)
- In good standing with the Church (e.g. has not married outside the Catholic Church; not cohabitating)
- Not a parent of the one being baptized

### **You can choose from the following:**

- ☐ One godparent OR one godfather and one godmother - MUST be Baptized and Confirmed Roman Catholics.
- ☐ A Roman Catholic who has been Baptized and Confirmed and a Christian (who is non-Catholic) who may act as Witness, who takes the place of either the godfather OR godmother, but not both.

**FULL NAME OF GODFATHER** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

☐ Single

☐ Married (Church & address) \_\_\_\_\_

Godfather's regular Sunday church \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/Country \_\_\_\_\_

Church of Confirmation: \_\_\_\_\_ City/Country \_\_\_\_\_

☐ Fulfills the requirements of canon 874§1

**FULL NAME OF GODMOTHER** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

☐ Single

☐ Married (Church & address) \_\_\_\_\_

Godmother's regular Sunday church \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/Country \_\_\_\_\_

Church of Confirmation: \_\_\_\_\_ City/Country \_\_\_\_\_

☐ Fulfills the requirements of canon 874§1

## **CHRISTIAN WITNESS (Practicing their Christian faith tradition)**

Replace (please check one) ☐ godmother (female) ☐ godfather (male)

**FULL NAME OF CHRISTIAN WITNESS** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ CHRISTIAN DENOMINATION \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/Country \_\_\_\_\_

Church attended by Christian Witness on Sundays? \_\_\_\_\_

**For Office Use:** ☐ Offering \$ \_\_\_\_\_ Date: \_\_\_\_\_

Other Remarks: \_\_\_\_\_

\_\_\_\_\_