



222 Clark Avenue, Yuba City, CA 95991 Phone: 530.673-1573 Fax: 530.673-2512

Sacrament of Baptism Requirements Policy

IMPORTANT: You **DO NOT** have a guaranteed date for Baptism until all requirements have been completed. **PLEASE MAKE SURE YOU TURN IN ALL NECESSARY DOCUMENTATION TO THE PARISH OFFICE BEFORE YOU ATTEND THE BAPTISMAL PREP CLASS.** Please remember it is important to make sure you have fulfilled all requirements before finalizing your plans.

Registered parishioners only (residing at least part-time within the Yuba/Sutter communities).
A child age 6 and under can be baptized according to the requirements listed below.
A child age 7 and older must go through the program *RCIA Adapted for Children*. You must make an appointment with the Pastor or the Religious Ed Coordinator to discuss the process.

Parents must do this:

1. Complete an application.

- Both parents must answer all questions and sign the application.
- If you attend Mass the majority of the time at another parish, you will need to take the application to that other parish, have the priest sign the form, and have the office stamp in the space provided to signify that you do indeed attend that parish.

2. Provide a copy of the child's state-issued Birth Certificate.

3. Attend a 1-Hour Baptism Preparation Class at St. Isidore Catholic Church.

- Classes are offered in English on the first Thursday of the month at 7p.m. and Spanish the third Thursday of every month at 7 p.m.
- Sign your names on the sign-in sheet when you attend the class as proof that you were there.

4. Choose Godparents. Requirements:

- Godparent/Sponsor must be at least 16 years old.
- Godparent/Sponsor must be in good standing with the Catholic Church.
- Must be a practicing Catholic (*Attend Sunday Mass weekly and on Holydays of obligation*).
- Must have received the Sacraments of **Baptism**, **Communion**, and **Confirmation**
- If married, or living with their significant other, they must be married in the Catholic Church. (**a copy of the marriage certificate is required**)
- Godparent/Sponsor cannot be the candidate's parent.

5. Give a donation of \$35.00 to the Church to cover expenses. (Exception can be made for those who are financially disadvantaged.

6. Attend the Baptism.

Godparents must do this:

1. Complete an application

- Godparents must answer ALL questions and sign *their own names*.
- If you are not a parishioner of St. Isidore Church you will need to take the application to your parish and have the priest sign the form and have the office stamp in the space provided to signify that you are indeed attending their church.

2. Attend a 1-Hour Baptism Preparation Class at St. Isidore Church OR a class offered at your home parish.

- At St. Isidore Church, sign your names on the sign-in sheet when you attend the class as proof that you were there.
- From your home parish, provide certification of your attendance at the class.

Attend the Baptism. If this is not possible, a proxy can be used for one or both godparents.



222 Clark Ave. Yuba City, CA 95991 | Office: (530) 673-1573 | Fax: (530) 673-2512
gmartinez@stisidore-yubacity.org | www.stisidore-yubacity.org

APPLICATION FOR SACRAMENT OF BAPTISM: **PARENT FORM**

Canon 868 states "1. For in infant to be baptized licitly:

1. the parents or at least one of them or the person who legitimately takes their place must consent;
2. *There must be a founded hope that the infant will be brought up in the Catholic religion; if such hope is altogether lacking, the baptism is to be delayed according to the precepts of particular law after the parents have been advised about the reason.* For this hope to be present, the parents (that are Catholic) must at least have plans to try to put themselves into communion with the Catholic Church.

Candidate to Receive Sacrament

NAME (First and Last): _____ **AGE:** _____

Parents Contact Information

Mothers Name: (First & Last): _____ **Phone#:** _____

Fathers Name: (First & Last): _____ **Phone #:** _____

Address: _____ **City:** _____ **State,** _____ **Zip:** _____

Email: _____

Parents Sacramental Information

Mother:

Are you a baptized Catholic? Y N, Received First Holy Communion? Y N, Confirmed? Y N

Are you married or living with someone? Y N

If yes, are you married to this person in the Catholic Church? Y N

Do you attend Mass on all days of obligation (Sunday or Saturday vigil and Holy Days of Obligation)? Y N

If you answered *No*, please explain the serious reason keeping you from regularly attending

Mass: _____

Mother's Signature: _____ Date: _____

Father:

Are you a baptized Catholic? Y N, Received First Holy Communion? Y N, Confirmed? Y N

Are you married or living with someone? Y N

If yes, are you married to this person in the Catholic Church? Y N

Do you attend Mass on all days of obligation (Sunday or Saturday vigil and Holy Days of Obligation)? Y N

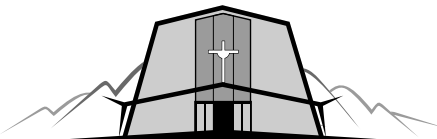
If you answered *No*, please explain the serious reason keeping you from regularly attending

Mass: _____

Father's Signature _____ Date: _____

For Office Use Only:

Baptism Date: _____ Time: _____ Prep-Class: _____ Birth Cert: _____ Receipt #: _____



ST. ISIDORE CATHOLIC CHURCH

222 Clark Ave. Yuba City, CA 95991 | Office: (530) 673-1573 | Fax: (530) 673-2512
gmartinez@stisidore-yubacity.org | www.stisidore-yubacity.org

GODPARENT FORM

Candidate to Receive Sacrament

NAME (First and Last): _____ **AGE:** _____

Requirements for Godparent

- Godparent must be at least 16 years old.
- Godparent must be in good standing with the Catholic Church.
 - Must be a practicing Catholic (*Attend Sunday Mass weekly*).
 - Must have received the Sacraments of Baptism, Communion, and Confirmation
 - If married, or living with their significant other, they must be married in the Catholic Church.
- Godparent cannot be the candidate's parent.

Godparent Contact Information

Name (First & Last): _____

Date of Birth: _____ **Age:** _____ **E-mail:** _____

Address: _____

City, State, Zip: _____ **Phone #:** _____

GODPARENT/SPONSOR SACRAMENTAL INFORMATION

SACRAMENTAL INFORMATION: Please indicate your responses with an X.

Has the Godparent been **BAPTIZED?** Yes ___ No ___ **In a Catholic Church?:** Yes ___ No ___

Has the Godparent received **FIRST HOLY COMMUNION?** Yes ___ No ___ **In a Catholic Church?:** Yes ___ No ___

Has the Godparent been **CONFIRMED?** Yes ___ No ___ **In a Catholic Church?:** Yes ___ No ___

MARITAL STATUS: Please indicate your response with an X.

___ **Single** - Not living with significant other ___ **Single** - Living with significant other
___ **Married** - In the Catholic Church ___ **Married** - Civil marriage only ___ other _____

I AM A PARISHIONER OF:

Name of Church: _____ **City:** _____ **State:** _____

Since (Year): _____ **Catholic Church?** Yes ___ No ___ **Attend Mass weekly?** Yes ___ No ___

By signing this form, I agree that all of my information is true and correct. I understand this does not mean that I am eligible to be a Godparent or Sponsor for the Candidate listed above.

Godparent Signature: _____ **Date:** _____

For use by the Parish of the Godparent

Is a Registered Parishioner? Yes ___ No ___

Has completed Godparent/Sponsor classes: Yes, ___ No ___ **Date:** _____

Has permission to be a Godparent outside of this Parish: Yes ___ No ___

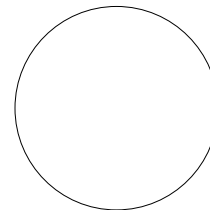
To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another.

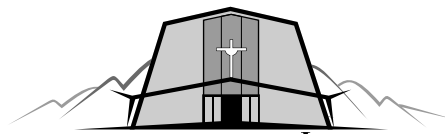
Yes ___ No ___ **Other:** _____

Parish: _____

Date: _____

Signature: _____





ST. ISIDORE CATHOLIC CHURCH

222 Clark Ave. Yuba City, CA 95991 | Office: (530) 673-1573 | Fax: (530) 673-2512
gmartinez@stisidore-yubacity.org | www.stisidore-yubacity.org

GODPARENT FORM

Candidate to Receive Sacrament

NAME (First and Last): _____ **AGE:** _____

Requirements for Godparent

- Godparent must be at least 16 years old.
- Godparent must be in good standing with the Catholic Church.
 - Must be a practicing Catholic (*Attend Sunday Mass weekly*).
 - Must have received the Sacraments of Baptism, Communion, and Confirmation
 - If married, or living with their significant other, they must be married in the Catholic Church.
- Godparent cannot be the candidate's parent.

Godparent Contact Information

Name (First & Last): _____

Date of Birth: _____ **Age:** _____ **E-mail:** _____

Address: _____

City, State, Zip: _____ **Phone #:** _____

GODPARENT/SPONSOR SACRAMENTAL INFORMATION

SACRAMENTAL INFORMATION: Please indicate your responses with an X.

Has the Godparent been **BAPTIZED?** Yes ___ No ___ **In a Catholic Church?:** Yes ___ No ___

Has the Godparent received **FIRST HOLY COMMUNION?** Yes ___ No ___ **In a Catholic Church?:** Yes ___ No ___

Has the Godparent been **CONFIRMED?** Yes ___ No ___ **In a Catholic Church?:** Yes ___ No ___

MARITAL STATUS: Please indicate your response with an X.

___ **Single** - Not living with significant other ___ **Single** - Living with significant other

___ **Married** - In the Catholic Church ___ **Married** - Civil marriage only ___ other _____

I AM A PARISHIONER OF:

Name of Church: _____ **City:** _____ **State:** _____

Since (Year): _____ **Catholic Church?** Yes ___ No ___ **Attend Mass weekly?** Yes ___ No ___

By signing this form, I agree that all of my information is true and correct. I understand this does not mean that I am eligible to be a Godparent or Sponsor for the Candidate listed above.

Godparent Signature: _____ **Date:** _____

For use by the Parish of the Godparent

Is a Registered Parishioner? Yes ___ No ___

Has completed Godparent/Sponsor classes: Yes, ___ No ___ **Date:** _____

Has permission to be a Godparent outside of this Parish: Yes ___ No ___

To the best of my knowledge, this person is able to fulfill the responsibilities involved in sponsoring the Catholic initiation of another.

Yes ___ No ___ **Other:** _____

Parish: _____

Date: _____

Signature: _____

