**Our Lady Queen of Angels Parish**

109 Goodwill Avenue, Meriden, CT 06451 Tel: 203-235-6381 Fax: 203-238-3629

Email: baptisms@ourladyqueenofangels.net

**REQUEST FOR BAPTISM**

(To be completed by the parents of the child to be baptized, only. Mail, fax, or scan & email to the office, above.)

Any practicing Catholic who is a registered member of Our Lady Queen of Angels Parish can have his/her child baptized here. (If you are a registered member of the parish, you will have been receiving pre-printed envelopes for your weekly contributions.) If you are not registered, you may register as a parishioner by contacting the parish office and completing a registration form. If you have not been regularly attending Mass, we ask that you please begin to do so immediately.

**Please note:**

The Sacramental Guidelines of the Archdiocese of Hartford state the following concerning the Sacrament of Baptism:

*“Prior to Baptism, the priest or deacon must be convinced that there is reasonable hope that a proper religious education will be arranged for the child in the future. There should be a solid founded hope that the infant will be brought up in the Catholic Faith, thus, where both parents have been totally neglectful of Mass attendance, it is recommended that the Baptism be postponed.”*

Therefore, the Sacrament of Baptism can be celebrated if:

1. There is evidence of a habit of regular Mass attendance. If this has not been a practice of your family, please begin at this time.
2. The commitment of the godparents and their practice of the Faith is strong enough to assure the Church that the child will be raised in a regular practice of the Faith.

If a lax practice of the Faith has been the norm, then a sincere desire for change is welcomed, but must be visible. We hope that this time of grace in your child’s life offers an opportunity for conversion and spiritual renewal.

**NOTE: You will be contacted to schedule a meeting to begin preparation for Baptism. Please bring to the first meeting your child’s Birth Certificate and legal documentation of adoption or guardianship, if applicable.**

Today’s Date:Click or tap here to enter text. Family Name: Click or tap here to enter text.

Child’s Name (F M L): Click or tap here to enter text. Father’s Name (F M L):Click or tap here to enter text.

Mother’s Name (F M L): Click or tap here to enter text.

Home Address: Click or tap here to enter text.

City, ST Zip: Click or tap here to enter text.

Preferred Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Was your child baptized at birth or privately baptized? Click or tap here to enter text.

Was your child adopted? Click or tap here to enter text. **(If your child was adopted, legal documentation of the adoption is needed.)**

**As practicing Catholics who are registered members of Our Lady Queen of Angels Parish, we are seeking baptism into the Roman Catholic Church for our child. We understand that the baptism will not be scheduled until all necessary documents have been received by the Parish Office.**

**Signature(s):**

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 **(Father) (Mother)**