REGISTRATION FORM ARCHBISHOP NAUMANN'S BAPTISMAL MINISTRY

This form must be filled out completely, signed and dated by the pastor of the family, and returned to the archdiocesan Office for Liturgy and Sacramental Life (12615 Parallel Parkway, Kansas City, KS 66109 or liturgy@archkck.org) as soon as possible prior to the desired scheduled celebration. Questions may be addressed to the Office for Liturgy and Sacramental Life. **Please print clearly**. Thanks!

Name of Child's Mother	Maiden Name	
Name of Child's Father		
Family's Mailing Address		
Telephone		
Family's Parish	City	
Full Name of Child		
Birth Date of Child	City	
Name of Catholic *Godmother		
Name of Catholic *Godfather		

*—"There is to be only one male sponsor or one female sponsor or one of each" (Code of Canon Law, 873). A non-Catholic "witness of the baptism" (Canon 874**\$**2) may be chosen in lieu of either a Catholic Godmother or Godfather. Please indicate (next to the person's name) if one of the sponsors is a non-Catholic witness.

PARENTS' SIGNATURE

We, the parents of ______ request that he/she be included in the conferral of the Sacrament of Baptism by Archbishop Naumann at 3:00 p.m. at St. Peter's Cathedral on (please underline) *2023:* January 22 | March 19 | May 21 | July 16 | September 10 | November 19

Mother's Signature

Date Fa

Father's Signature

Date

PASTOR'S SIGNATURE

I, the pastor of this family requesting baptism, confirm that the information above is correct and that the family and godparents of the child to be baptized are in fulfillment of all requirements for conferral of the sacrament, and give my authorization for the baptism, by Archbishop Joseph F. Naumann, of the child listed above, to take place on the date indicated above.

Pastor's Signature

Date Parish

City

Following receipt of this form by the Office for Liturgy and Sacramental Life, confirmation will be made to the parents of the child to be baptized (with additional instructions) and to their parish pastor.