*Transfiguration Catholic Community*

*Staffed by The Missionaries of St. Paul* 775 West Hamburg Street

Phone: 410-685-5044  Fax: 410-625-2406 Baltimore, Maryland 21230

Alan Cramblitt, CRE Phone: 443-569-1037 Office of Faith Formation

**Sacrament REGISTRATION FORM**

|  |  |  |
| --- | --- | --- |
| CHILD’S FULL NAME  LAST FIRST MIDDLE  | PREFERS CHILD TO BE CALLED:   |  |
| ADDRESS   | CITY/STATE  | ZIP  |  |
| DATE OF CHILDS BIRTH & AGE **/ / Age:** | PHONE NUMBERS (HOME & CELL) ( ) - ( ) - |
| MOTHERSNAME (FIRST, LAST Please PRINT)  |  MOTHERS RELIGION |  |
| FATHERS NAME (FIRST, LAST Please PRINT)  | FATHERS RELIGION |
| GODFATHERSNAME (FIRST, LAST Please PRINT) | GODMOTHERNAME (FIRST, LAST Please PRINT) |
|  ***Godparent/Sponsor must be practicing Catholics who have received Sacraments of Initiation i.e.; Baptism, Eucharist and Confirmation*** |
| CHURCH OF BAPTISM **(including address )**  | DATE OF BAPTISM  |  |
| Does your child have any special needs?  |   | NO  |   | YES  |
| If yes, please explain   |  |
| **Parents/Guardians:** Be advised that pictures may be taken of the child and you during the event and may be displayed in church, on the web page or submitted to publications like The Catholic Review. Children will not be identified, without specific written consent. Parents/Guardians, who do not wish to have their child/children photographed, should notify the Religious Education Office in writing.  **I hereby give consent to the Transfiguration Catholic Community to photograph my child/children during the sacrament.**   Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_ \_\_  |
|  **For Sacramental preparation instructional use only** |  |
| Have parents completed sacramental instruction preparation  |   | NO  |   | YES  |
| If yes, by whom and date completed |  |

**Date Schedule for Sacrament:**

**Priest or Deacon Celebrating the Sacrament:**

Transfiguration Catholic Community

775 W. Hamburg St.

Baltimore, Md. 21230

**GODPARENT/SPONSOR CERTIFICATE FOR SACRAMENT INFORMATION**

**Child’s Full Name                                                Parent/Guardian Name(s)**

**GODPARENT’S AND SPONSER COMMITMENT**
 As a practicing Catholic, I appreciate that being a godparent/sponsor is an important opportunity for me to witness to my faith and to be a good example of Catholic life to my godchild/candidate.  I have conscientiously considered what I have been asked to do.  I promise with God’s help to be the best sponsor I can be.

Therefore, I now affirm that

* I am at least 16 years old.
* I have completed my own Christian initiation through the reception of the Sacraments of baptism, confirmation and Eucharist, and if married, have been validly married in a Catholic Church.
* I am a registered member of a Catholic Church.
* I will continue to be a model of Catholic living for my godchild, through daily prayer, virtuous living and active participation in parish life and liturgy, particularly weekly Sunday Mass.
* I will try to maintain a consistent and life-giving relationship of faith with my godchild by doing such things a celebrating significant moments such as the anniversary of the Baptism, First Communion, Confirmation, and graduation, and supporting my godchild in his or her own struggles and triumphs of living a Christian life
* And to participate in the sacramental preparation process for the reception of sacraments by name recipient

**Godparent’s/Sponsor signature                         Godparent’s/Sponsor signature**

***If you are NOT a member of Transfiguration Parish, please have your pastor complete the following****:*
 **(This portion for Godparents only)**
**PASTOR’S PERMISSION TO BE A GODPARENT**
The person signed above is a member of this parish and to the best of my knowledge is capable of assuming the duties of sponsorship for the Sacrament of Baptism and is sincere in the promises stated above.

 ***Parish Seal***                         **Name of Parish**

**Pastor’s Signature**