



Holy Family Catholic Church
9669 Kraft Ave SE Caledonia, MI 49316
phone 616-891-9259; fax 616-891-1346
www.holyfamilycaledonia.org

Parent Acknowledgement

Please print all information clearly

We/I the parent(s)/guardian(s) have read and understand all the information about baptisms on the Holy Family Catholic Parish website, understand and will follow the norms, policies and guidelines established by the Diocese of Grand Rapids and Holy Family Catholic Parish.

We request that our son/daughter to be named _____
receives the Sacrament of Baptism.

We personally believe all that Christ has taught us, we are dedicated to the Christian way of life and wish to pass on to our children the joy of this faith.

We understand how Almighty God holds us responsible for the Catholic upbringing of the baptized infant. We acknowledge how the child's first school is the home where we shall endeavor to set the pattern on true Catholic living. In particular, we acknowledge our duty to promote family prayer and to be faithful to Sunday Mass.

We are aware that the child must be prepared carefully for the other Sacraments: Reconciliation, Communion and Confirmation. We realize how sacrifices will be asked of us to give this infant child a continuing Catholic education. We pray to God that we may be able to make these sacrifices.

Signature of Catholic Parent: _____
Father

Signature of Catholic Parent: _____
Mother

Date: _____