



**BAPTISM PREPARATION CLASS**  
Certification of Online Viewing

FULL NAME OF CHILD TO BE BAPTIZED: \_\_\_\_\_

YOUR NAMES: \_\_\_\_\_ / \_\_\_\_\_

RELATIONSHIP:  PARENT  GODPARENT

DATE OF BAPTISM: \_\_\_\_\_

Parents and godparents of children to be baptized are to be formed for this Sacrament; you are expected to attend a Baptism Preparation Class, either in person or online, unless you have attended a class in the last two years. Godparents may attend a class at their own parish. Viewing segments of the series “REBORN” provided by the Augustine Institute at FORMED.org will satisfy the requirements for a Baptism Preparation Class for Holy Name Catholic Parish followed by a meeting with a priest or deacon.

**INSTRUCTIONS:**

1. Go to: [formed.org/signup](http://formed.org/signup)
2. Enter the parish’s zip code (*Holy Name Catholic Parish zip code: 80110*)
3. Register with your name and email address
4. You will be automatically signed into FORMED, during this sign-up process
5. Click on the blue magnifying glass (next to the word FORMED in the upper left corner).
6. Type in the word REBORN and then click on ‘Collections’ and then on the REBORN image.
7. This will bring you to all five Reborn episodes that you can click to view.

To watch in the future, visit: [watch.formed.org/reborn](http://watch.formed.org/reborn)

Watch these episodes and complete this form listing the date you viewed the episode. Each parent and godparent should complete the form. We recommend not trying to view all the episodes in one evening.

**FOR PARENTS:**

Episode #1: A New Creation (39 minutes)	Date: _____
Episode #2: Entering the Mystery (24 minutes)	Date: _____
Episode #3: Nurturing the Life of Grace (25 minutes)	Date: _____
Episode #4: The Mission to Love (55 minutes ~optional)	Date: _____
Episode #5: The Gift of Godparents (39 minutes ~optional)	Date: _____

**FOR GODPARENTS:**

Episode #1: A New Creation (39 minutes)	Date: _____
Episode #2: Entering the Mystery (24 minutes)	Date: _____
Episode #5: The Gift of Godparents (39 minutes)	Date: _____

With my signature, I affirm that I viewed the required segments of REBORN.

\_\_\_\_\_  
Signature Phone Email Date

\_\_\_\_\_  
Signature Phone Email Date

**Please deliver, mail, or email this completed form to the Holy Name Parish Office.**

3290 West Milan Avenue • Sheridan, Colorado 80110 • 303.781.6390 • [office@holynamedenver.org](mailto:office@holynamedenver.org)

(Revised 12-22)