

ST. LANDRY CATHOLIC CHURCH
INFORMATION FOR BAPTISM

Child's Name: _____
(complete name)

Date of Birth: _____ Sex: _____
day MONTH year

Place of Birth: _____
(city) (state)

Father's Name: _____ Religion _____
(complete name)

How often do you attend mass or church? _____

Mother's Name: _____ Religion _____
(complete MAIDEN name)

How often do you attend mass or church? _____

Parents' Mailing Address: _____
(Street or P.O. Box) City (State) (Zip)

Parents' Physical Address: _____
(Street) (City) (State) (Zip)

Phone Number _____
(Home) (Work) (Cell)

(E-Mail) _____ @ _____

Registered St. Landry Catholic Church Parishioners: () YES () NO

Non-Parishioner _____ Permission Granted (letter attached) _____

Parishioner by Domicile _____

Was Baby/Child Baptized while seriously ill or in some other emergency? _____

Marriage: () Priest () Civil () Not Married () Living Together

If **NOT** married it is mandatory for you to present a copy of either a **Birth Certificate** of your child or an **affidavit of paternity** to the church office **before** the baptism of your child.

Godfather's Name: _____
Confirmed Practicing Catholic: () YES () NO

Godmother's Name: _____
Maiden Name with Married Name if Applicable

Confirmed Practicing Catholic: () YES () NO

Christian Witness: _____

DATE OF BAPTISM: _____ CELEBRANT: _____