



# Emmaus Catholic Parish

1718 Lohmans Crossing  
Lakeway, Texas 78734  
Phone (512) 261-8500  
Fax (512) 261-8200

## BAPTISM REQUEST FORM

**Due to Parish Events, We Do NOT Schedule Private Baptisms**

### Scheduled Baptismal Dates

Second Saturday of the month 10:00 am \_\_\_\_ Fourth Saturday of the month 10:00 am \_\_\_\_  
(English) (English)  
Sunday, after the 12:15 pm Spanish Mass \_\_\_\_

**Requested Baptismal Date:** \_\_\_\_\_

Name of Candidate: \_\_\_\_\_ (as it appears on the birth certificate)

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ (as it appears on the birth certificate)

Mother's Full Name: \_\_\_\_\_ (as it appears on the birth certificate)

Mother's Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY/STATE/ZIP

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are parents registered members of Emmaus Catholic Parish?  Y  N

**If not, parents need a letter of permission to baptize at Emmaus from their local parish.**

Godfather's Name: \_\_\_\_\_ Marital Status\*: \_\_\_\_\_

Godmother's Name: \_\_\_\_\_ Marital Status\*: \_\_\_\_\_

*\*If married, must be married through the CATHOLIC CHURCH\**

Name of Proxy, if using a Proxy: \_\_\_\_\_

.....  
**FOR OFFICE USE**

**Parents:** Parish Members  Y  N

If no, have parents obtained a letter of permission to baptize from their home parish?  Y  N

Child's Birth Certificate or Hospital Certificate

Baptismal Class Attendance—*must be within 3 years of requested date*

**Godfather:**  Covenant Form  
 Proof of Baptism Class

**Godmother:**  Covenant Form  
 Proof of Baptism Class

Name of Presider \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Time \_\_\_\_\_

Signature of Presider \_\_\_\_\_ Date \_\_\_\_\_