



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

BAPTISM REQUEST FORM

Scheduled Baptismal Dates

A letter of permission is needed to baptize at Emmaus if parents live outside of Emmaus boundaries.

Second Saturday of the month 11:00 am ____
 (English)

Sunday, after the 12:15 pm Spanish Mass ____
 (English)

Fourth Saturday of the month 11:00 am ____
 (English)

Fourth Sunday of the month 1:30 pm ____
 (Spanish)

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 _____

Godfather's Name: _____ Marital Status*: _____

Godmother's Name: _____ Marital Status*: _____

If Godparents are married, they must be married through the CATHOLIC CHURCH

Name of Proxy, if using a Proxy: _____

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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 _____