



BAPTISMAL REGISTRATION FORM

Full Name of Child to be baptized: _____

Child's Date of Birth: _____ Proposed Date of Baptism: _____
(if not yet born, then Child's due date)

Proposed Celebrant of Baptism (Priest or Deacon): _____
(if the Priest or Deacon is not from this diocese, please have him submit a Letter of Suitability to:
The Office of the Bishop, PO Box 505, Schriever, LA 70395)

Father's Name: _____ Mother's Name: _____

Father's Religion: _____ Mother's Religion: _____

Father's Contact Number: _____ Mother's Contact Number: _____

Address: _____

Parish of Registration: _____

If not registered at any parish, would you be interested in joining ours? _____

GODPARENTS' INFORMATION SECTION

1. In a typical celebration, there are at least 2 godparents – one male and one female.
2. To be eligible as a godparent, please have each one fill up a separate *Godparent Eligibility Form*.
3. A baptized Christian (who is not Catholic) may be considered as a *Christian Witness* provided there is *must be* one godparent present.
4. If the godparent is unable to be present at the time of the baptism, please speak with your proposed celebrant

Godfather's Name: _____ Godmother's Name: _____

Godfather's Contact Number: _____ Godmother's Contact Number: _____

Christian Witness' Name: _____ Christian Witness' Contact Number: _____

1. If you have any question or request for further clarification, please call us at (985) 446-5571.
2. Once you have filled out this form, please drop it off at the office, mail it to us or send it electronically. Our contact information is found at the bottom of this page.

---FOR OFFICE USE ONLY---

Certificate ____ Census Card ____ Parish List ____ Bulletin Date ____ Baptismal Register # ____
Birth Certificate/Proof of Birth ____ Confirmation Certificates for Godparent(s) ____ Paid ____



GODPARENT ELIGIBILITY FORM

All godparent-candidates must fill out this section regardless of where they are registered. Please return this form to St. Genevieve Catholic Church electronically or by mail. Thank you.

NAME OF GODPARENT: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PARISH OF REGISTRATION _____

IMPORTANT: All of the items below must be initialed by the godparent-candidate personally in order to be eligible. In doing so, the godparent-candidate declares, with God as the witness, all of them to be true. If he/she is unable to comply with any of the items, he/she must speak to his/her Pastor before taking the next step.

As a candidate for the responsibilities of a godparent, I declare that:

- _____ I am at least 16 years of age
- _____ I am a baptized Christian who has received in the Catholic Church the Sacrament of Confirmation
- _____ I am a registered, active and supporting member of my parish of registration.
- _____ I am not subject to any canonical impediment due to cohabitation or civil marriage outside of what's recognized validly by the Catholic Church. Neither am I subject to censure nor prohibition by Church authorities to receive the sacraments because of a canonical penalty.
- _____ I believe what the Catholic Church teaches and I make a serious effort to live my life according to the Gospel and worthy of imitation by the person I am sponsoring. I realize the great honor and responsibility placed on me before God and the Church in serving as a godparent. I intend to encourage and support the person I am sponsoring in the practice of the Catholic faith by my word and example.

Signature of Godparent-Candidate

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NOTE: If the godparent-candidate is not a registered member of this parish, then he or she must get the Pastor or Associate Pastor of his parish of registration to fill up the section below.

Name of Catholic Priest: _____

Name of Church Parish: _____

Address of Church Parish: _____

Phone Number: _____

Signature of Priest: _____ Date: _____