



St. Catherine of Siena  
CENTERED ON CHRIST  
ABLAZE WITH LOVE

Dear Brothers and Sisters in Christ,

Congratulations on your new little one! Children are certainly a blessing from God, and I thank you for your openness to this new little blessing. I thank you, also, for choosing to have your child baptized at St. Catherine of Siena Catholic Church.

The sacrament of baptism is one of three sacraments of initiation in the Catholic Church – the others are Eucharist and Confirmation. Although every sacrament offers us the opportunity to encounter God in a profound way, baptism holds a special place in the Church, for baptism is the door that leads to every other sacrament. In baptism, your child will be claimed for Christ and will become a member of the Body of Christ, the Church.

I know you look forward to bringing your child for baptism, and I know that the Church eagerly awaits a new member. Before we proceed, however, there are a few things to be addressed. Included with this letter are the necessary forms that need to be filled out:

- An information form
- Parent testimonial form
- Godparent form (before asking someone to be a godparent, please make sure they meet the criteria)

All forms can be returned to the Director of Liturgy and Sacraments, **Michelle Alley**, in the church office via hard copy or email at least **three to four weeks prior** to the scheduled baptism. If you have any questions, Michelle can be contacted at **504-835-9343 ext. 1506** or **michelle@scschurch.com**.

Baptisms are offered **every Sunday after the 11 a.m. Mass** at St. Catherine of Siena. If this is your first child, a priest or deacon will contact you for a meeting in your home to prepare for the baptism. If the godparents are unable to make that meeting, we offer a monthly baptismal seminar typically on the first Tuesday of every month.

Again, thank you for choosing to have your child baptized at St. Catherine of Siena. If there is anything we can do to help, please let us know.

Sincerely in the Lord,

Rev. Timothy D. Hedrick  
Pastor

# ST. CATHERINE OF SIENA – SACRAMENT OF BAPTISM

## CHILD INFORMATION:

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Middle Name Last Name

Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Requested Date of Baptism: \_\_\_\_\_  
City State

## PARENT INFORMATION:

Father's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First Name Middle Name Last Name

Father's Religion: \_\_\_\_\_ Father's Email: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
First Name Middle Name Maiden Name Married Name

Mother's Religion: \_\_\_\_\_ Mother's Email: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Family Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip

Is this your first child? Yes No

Married by (Circle One): Priest Minister Civil Official Not Married

Date of Marriage: \_\_\_\_\_ Church of Marriage: \_\_\_\_\_

Are you registered at St. Catherine? Yes No If No, What Parish Do You Reside In? \_\_\_\_\_

## GODPARENT INFORMATION:

Godfather's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
First Name Middle Name Last Name

Religion: \_\_\_\_\_ Age: \_\_\_\_\_ Confirmed? Yes No Good Standing? Yes No  
(Valid Marriage, Practicing Catholic, etc.)

Godmother's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
First Name Middle Name Last Name

Religion: \_\_\_\_\_ Age: \_\_\_\_\_ Confirmed? Yes No Good Standing? Yes No  
(Valid Marriage, Practicing Catholic, etc.)

## CHECKLIST FOR OFFICE USE

Priest/Deacon Scheduled For Baptism: \_\_\_\_\_

Date & Time Of Baptism: \_\_\_\_\_

Testimonials: Parents \_\_\_\_\_ Godparents \_\_\_\_\_

Seminar: Godfather \_\_\_\_\_ Godmother \_\_\_\_\_

Notes:

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# ARCHDIOCESE OF NEW ORLEANS

## Parental Testimonial for the Sacrament of Baptism

Date: \_\_\_\_\_

Name of Child to be Baptized: \_\_\_\_\_

Proposed Date of Baptism \_\_\_\_\_

### Statement of Catholic Parent(s)

**“It is my sincere hope and intention to raise my child in the Catholic faith and to do all in my power to assure through my own efforts that my child practices and grows in the Catholic faith.”**

*By signing below, the Catholic parent(s) solemnly swear that the statement above is a true and correct indication of their intentions.*

*(Must be signed by at least one Catholic parent.)*

Father's Signature: \_\_\_\_\_

Father's Name Printed: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Mother's Name Printed: \_\_\_\_\_

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Signature of Pastor or Delegate (In Parish where Baptism is to be Celebrated)

# ARCHDIOCESE OF NEW ORLEANS

## Godparent Testimonial for the Sacrament of Baptism

Date: \_\_\_\_\_

Name of Child to be Baptized: \_\_\_\_\_

Proposed Date of Baptism \_\_\_\_\_

### Criteria to Serve as Godparent for Baptism

1. The Godparent must be a Catholic in good standing with the Church who has been Confirmed and regularly practices his/her Catholic faith;
2. The Godparent must be at least sixteen years of age;
3. If married, the Godparent must be in a marriage recognized as valid by the Catholic Church. Person may not be cohabiting, or living together without marriage.
4. If not previously attended, the Godparent will attend a Baptismal Seminar in preparation for this Baptism.

### Statement of Godparent

**“I meet the above stated criteria to serve as a Godparent, and I will do all in my power to assist the parents of this child to raise their child in the Catholic faith.”**

*By signing below, the proposed Godparent solemnly swears that he or she has read the above criteria, and that the statement above is a true and correct indication of his/her intentions.*

Godparent's Signature: \_\_\_\_\_

Godparent's Name Printed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Pastor or Delegate (In Parish where Baptism is to be Celebrated)

### Please check one of the following:

\_\_\_\_\_ I will attend the godparent seminar at St. Catherine (first Tuesday of each month)

\_\_\_\_\_ I will attend the godparent seminar at my home parish

\_\_\_\_\_ I have recently attended a godparent seminar at \_\_\_\_\_ on \_\_\_\_\_.

# ARCHDIOCESE OF NEW ORLEANS

## Godparent Testimonial for the Sacrament of Baptism

Date: \_\_\_\_\_

Name of Child to be Baptized: \_\_\_\_\_

Proposed Date of Baptism \_\_\_\_\_

### Criteria to Serve as Godparent for Baptism

1. The Godparent must be a Catholic in good standing with the Church who has been Confirmed and regularly practices his/her Catholic faith;
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4. If not previously attended, the Godparent will attend a Baptismal Seminar in preparation for this Baptism.

### Statement of Godparent

**“I meet the above stated criteria to serve as a Godparent, and I will do all in my power to assist the parents of this child to raise their child in the Catholic faith.”**

*By signing below, the proposed Godparent solemnly swears that he or she has read the above criteria, and that the statement above is a true and correct indication of his/her intentions.*

Godparent's Signature: \_\_\_\_\_

Godparent's Name Printed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Pastor or Delegate (In Parish where Baptism is to be Celebrated)

### Please check one of the following:

\_\_\_\_\_ I will attend the godparent seminar at St. Catherine (first Tuesday of each month)

\_\_\_\_\_ I will attend the godparent seminar at my home parish

\_\_\_\_\_ I have recently attended a godparent seminar at \_\_\_\_\_ on \_\_\_\_\_.