Archdiocese of New Orleans

St. Peter Catholic Church

Parental Testimonial for the Sacrament of Baptism (Church)

Date: _____

Name of Child to be Baptized Printed: _____
First Middle Last

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: _____
First Middle Last

Address:_____

Best telephone number: _____

Mother's Signature: _____

Mother's Name Printed: _____
First Middle/Maiden Last

☐ Check if same address as above

Address:_____

Best telephone number: _____

Pastor or Delegate's Signature:_____
Signature of Pastor or Delegate (In Parish where Baptism is to be Celebrated)

Contact Information:
St. Peter Parish: 985-892-2422
Email: rectory@stpeterparish.com
Address: 125 E. 19th Avenue, Covington, Louisiana 70433