

# **APPLICATION FOR THE SACRAMENT OF BAPTISM**

*Please print clearly. This information will appear on the baptismal certificate and permanent register file.*

Holy Family Church, 155 Holy Family Lane, Luling, LA 70070 (985) 785-8585

Today's Date: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

## **CHILD'S INFORMATION**

CHILD'S FULL NAME (First/middle/last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

## **PARENT'S INFORMATION**

STREET ADDRESS: \_\_\_\_\_  
Street / City / Zip

MAILING ADDRESS: \_\_\_\_\_  
(If different from above) Street / City / Zip

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
( ) Home ( ) Cell ( ) Other \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
First / Middle / Last

Father's Religion: \_\_\_\_\_

Baptized: ( ) YES ( ) NO Confirmed: ( ) YES ( ) NO

MOTHER'S NAME: \_\_\_\_\_  
First / Middle / Maiden / Last

Mother's Religion: \_\_\_\_\_

Baptized: ( ) YES ( ) NO Confirmed: ( ) YES ( ) NO

(OVER)

**MEMBERSHIP INFORMATION**

How long have you lived in Holy Family Church Parish? \_\_\_\_\_

Are you registered at Holy Family Church? \_\_\_\_\_ If not, do you wish to be? \_\_\_\_\_

**MARRIAGE INFORMATION**

**NOTE: Being married in the Catholic Church IS NOT a prerequisite to having your child baptized.**

Were you **married in the Catholic Church** or did you have your marriage **blessed in the Catholic Church?** ( ) Yes ( ) No

If **YES**, give the following information:

**Year:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**City & State:** \_\_\_\_\_

**GODPARENT'S INFORMATION**

**Godparents must be at least 16 years old, Confirmed and practicing Catholics. See Godparent Testimonial form for criteria to serve as a godparent for Baptism.**

**GODFATHER'S NAME:** \_\_\_\_\_

Parish Church: \_\_\_\_\_

City & State of his Church: \_\_\_\_\_

**GODMOTHER'S NAME:** \_\_\_\_\_

Parish Church: \_\_\_\_\_

City & State of her Church: \_\_\_\_\_

If you have only **one** Godparent, and you wish a person of another Christian Faith (who is baptized and practicing his/her faith) to be a **Christian Witness**, please give the following information:

**FULL NAME:** \_\_\_\_\_

**CHRISTIAN:** \_\_\_\_\_

# 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: \_\_\_\_\_

\_\_\_\_\_  
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)

# ARCHDIOCESE OF NEW ORLEANS

## Godparent Testimonial for the Sacrament of Baptism

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

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

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

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**“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)