



St. Clement of Rome Parish

“You have put on Christ, in Him you have been baptized. Alleluia, alleluia!”

Dear Brothers and Sisters in Christ,

Congratulations on the birth of your child! We share your excitement as you welcome this precious gift from God and we wish God’s abundant blessings upon you and your family. Thank you for choosing to have your child baptized at St. Clement of Rome Catholic Church. We look forward to celebrating with you as your child becomes a member of God’s family through this wondrous sacrament!

In order to proceed with the baptism of your child, we will need you to complete the following documents (please see attached):

- Sacrament of Baptism Information Form
- Parent Testimonial
- Godparent Testimonial (*to be a godparent, the person must meet all criteria listed on form*)
- Copy of Child’s Birth Certificate
- Letter of Permission for Out-of-Parish Baptism (if not registered at St. Clement or not living within parish boundaries)

Please complete the Sacrament of Baptism Information Form and return it to the Parish Center. A priest or deacon will then contact you for a visit in your home to meet your family and walk you through the baptismal process. If this is your first child to be baptized at St. Clement of Rome, the Catholic parent(s) must attend a Baptismal Seminar. All first-time godparents must also attend a Baptismal Seminar. These are held on the second Tuesday of every month at 7:00 PM in the Parish Center. Once all of this has been completed, we can schedule the Baptism!

Baptisms are regularly scheduled for the first and third weekend of the month. Baptisms in English are celebrated following the 4:00 PM Mass on Saturday. Baptisms in Spanish are celebrated following the 2:00 PM Mass on Sunday. There is no fee for baptisms, but donations to the church are appreciated.

It is our joy to serve you and your family. We thank you for choosing to have your child Baptized at St. Clement of Rome. If you have any questions please contact us at the Parish Center at **(504) 887-7821** or at **stclement@scrparish.org**.

Your brother in Christ,

Rev. Luis F. Rodriguez
Pastor

SACRAMENT OF BAPTISM INFORMATION FORM

CHILD INFORMATION:

Child's Full Name: _____
First Name Middle Name Last Name

Sex: M / F Place of Birth: _____ Country: _____
City State

Date of Birth: _____

PARENT INFORMATION:

Father's Full Name: _____
First Name Middle Name Last Name

Father's Religion: _____ Father's Email: _____ Father's Cell: _____

Mother's Full Name: _____
First Name Middle (Maiden) Name Last Name

Mother's Religion: _____ Mother's Email: _____ Mother's Cell: _____

Family Address: _____
Street City State Zip

If Yes, are you married in the Catholic Church? Yes / No

Date of Marriage: _____ Church of Marriage: _____

Are you registered at St. Clement? Yes / No If No, what is your Church parish? _____

GODPARENT INFORMATION:

A godparent must be a confirmed Catholic in good standing with the Church who regularly practices their faith, at least 16 years of age, be in a marriage recognized as valid by the Catholic Church (if married), and not living together (if not married)

Godfather's Full Name: _____
First Name Middle Name Last Name

Godmother's Full Name: _____
First Name Middle Name Last Name

For Office Use Only

Priest/Deacon Scheduled for Baptism: _____ *Date & Time of Baptism:* _____

Child's Birth Certificate: _____

Testimonials: Father _____ Mother _____ Godfather _____ Godmother _____

Seminar: Father _____ Mother _____ Godfather _____ Godmother _____

Out of Parish Letter of Permission: _____ *Recorded in Baptismal Register:* _____

Notes:

OTHER CHILDREN:

Name of Child: _____ **Age:** _____ **Baptized? Yes / No** **Where Baptized:** _____

Name of Child: _____ **Age:** _____ **Baptized? Yes / No** **Where Baptized:** _____

Name of Child: _____ **Age:** _____ **Baptized? Yes / No** **Where Baptized:** _____

Name of Child: _____ **Age:** _____ **Baptized? Yes / No** **Where Baptized:** _____

Name of Child: _____ **Age:** _____ **Baptized? Yes / No** **Where Baptized:** _____

ARCHDIOCESE OF NEW ORLEANS

Parental Testimonial for the Sacrament of Baptism

Date: _____

Name of Child to be Baptized: _____

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: _____

ARCHDIOCESE OF NEW ORLEANS

Godparent Testimonial for the Sacrament of Baptism

Date: _____

Name of Child to be Baptized: _____

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: _____

ARCHDIOCESE OF NEW ORLEANS

Godparent Testimonial for the Sacrament of Baptism

Date: _____

Name of Child to be Baptized: _____

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.**
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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: _____