

ST. MARTIN DE TOURS CATHOLIC CHURCH

ST. MARTINVILLE, LA

Baptismal Information Request Form

FULL NAME OF CHILD: _____

City of Birth: _____

Child's Date of Birth: _____ Child's Age: _____

Are parent's married ____yes ____no (If no, proof of paternity MUST be submitted in order for the child to carry the father's last name on the certificate.)

FATHER'S FULL NAME: _____

Father's religion: _____

If Catholic, does the father attend Mass regularly? ____yes ____no

MOTHER'S FULL MAIDEN NAME: _____

Mother's religion: _____

If Catholic, does the mother attend Mass regularly? ____yes ____no

FAMILY ADDRESS:

TELEPHONE NUMBERS: (home) _____

(work) _____ (cell) _____

(email): _____

(If parents are not registered at Immaculate Heart of Mary Catholic Church, or live within its territory, then we will need a letter from the pastor of the church in which you are registered or in whose territory you reside to baptize the child here.)

PARENT'S MARITAL STATUS: (CHECK ONE)

_____ married in the Catholic Church (date & church: _____)

_____ married civilly

_____ married by other minister: _____ other denomination

_____ not married

PROSPECTIVE GODPARENT INFORMATION (Godparents MUST be practicing Catholics, baptized, confirmed, and able to receive Holy Communion.)

❖ PROSPECTIVE GODFATHER'S FULL NAME:

Is he Catholic? ____yes ____no

If yes, date of birth: _____

Church of Baptism: _____

Is he 16 years or older? ____yes ____no

Is he confirmed? ____yes ____no

If, yes: church of Confirmation: _____

Date of Confirmation: _____

Is he married? ____yes ____no

If yes, date and church: _____

Does he attend Mass regularly? ____yes ____no

If yes, what Church: _____

❖ PROSPECTIVE GODMOTHER'S FULL NAME:

Is she Catholic? ____yes ____no

If yes, date of birth: _____

Church of Baptism: _____

Is she 16 years or older? ____yes ____no

Is she confirmed? ____yes ____no

If, yes: church of Confirmation: _____

Date of Confirmation: _____

Is she married? ____yes ____no

If yes, date and church: _____

Does she attend Mass regularly? ____yes ____no

If yes, what Church: _____

OFFICE USE ONLY:

Date parent(s) attended class: _____

Baptism date: _____ Time: _____ By: _____

PROSPECTIVE GODPARENTS APPROVAL

Godfather Approved: _____ (priest approved by initialing)

Godmother Approved: _____ (priest approved by initialing)