

**ST. LANDRY CATHOLIC CHURCH**  
**INFORMATION FOR BAPTISM**

Child's Name: \_\_\_\_\_  
(complete name)

Date of Birth: \_\_\_\_\_ Sex: Male ( ) Female ( )  
Day MONTH Year

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

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
(Complete Name)

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
(Complete **MAIDEN** Name)

Parents' Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Parents' Physical Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_  
(Home) (Work) (Cell)

Email: \_\_\_\_\_@\_\_\_\_\_

Registered St. Landry Catholic Church Parishioners: Yes ( ) No ( )

Non-Parishioner: \_\_\_\_\_ Permission Granted (letter attached): \_\_\_\_\_

Parishioner by Domicile: \_\_\_\_\_

Was Baby/Child Baptized while seriously ill or in some other emergency? Yes ( ) No ( )

Marriage: Priest ( ) Civil ( ) Not Married ( ) Living Together ( )

**\*\*It is MANDATORY for you to present a copy of either a Birth Certificate of your child **OR** an Affidavit of Paternity to the church office BEFORE the baptism of your child.\*\***

Godfather's Name: \_\_\_\_\_

Confirmed Practicing Catholic: Yes ( ) No ( )

Godmother's Name: \_\_\_\_\_  
Maiden Name with Married Name if Applicable

Confirmed Practicing Catholic: Yes ( ) No ( )

Christian Witness: \_\_\_\_\_

DATE OF BAPTISM: \_\_\_\_\_ CELEBRANT: \_\_\_\_\_

PLACE OF BAPTISM: \_\_\_\_\_ TIME: \_\_\_\_\_