

# St. Patrick's Parish

St. Patrick's Catholic Church  
724 Camp Street  
New Orleans, LA 70130

St. John the Baptist Catholic Church  
1139 Orthea Castle Haley Blvd.  
New Orleans, LA 70113

## Baptismal Application

Full Name of Child: \_\_\_\_\_ Male/Female

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

Family Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Phone Numbers: (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

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

Mother's Full Name(Maiden): \_\_\_\_\_

Mother's Phone Numbers: (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

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

Are you registered parishioners of St. Patrick's Parish? Yes No

If not, at which parish are you registered? \_\_\_\_\_

If you are not a St. Patrick's Parish parishioner, or live in its boundaries, have you obtained a letter of permission from your parish pastor to have the baptism take place in St. Patrick's Parish? Yes No

Are you married? Yes No

Were you married by a Catholic priest or deacon? Yes No

Date of Marriage: \_\_\_\_\_ Location of Marriage: \_\_\_\_\_

Has the child ever been baptized privately due to illness, danger of death, or any other reason? Yes No

**Please answer Yes or No to the following:**

Have you received the following sacraments?

	FATHER		MOTHER	
Holy Eucharist	Yes	No	Yes	No
Confirmation	Yes	No	Yes	No
Do you attend Sunday Mass regularly?	Yes	No	Yes	No
Have you previously attended a baptismal seminar?		Yes	No	

If yes, Date: \_\_\_\_\_ Location: \_\_\_\_\_

Number of other children: \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_

Source of religious Education: Catholic School CCD Other: \_\_\_\_\_

**Godparents**

Godfather/Witness's Name: \_\_\_\_\_

Is he a practicing Catholic? Yes No Has he been Confirmed? Yes No Over 16 years of age? Yes No

If not Catholic, what religion? \_\_\_\_\_

Godmother/Witness's Name: \_\_\_\_\_

Is she a practicing Catholic? Yes No Has she been Confirmed? Yes No Over 16 years of age? Yes No

If not Catholic, what religion? \_\_\_\_\_

Will either godparent/witness be represented by proxy? Yes No

Name of proxy: \_\_\_\_\_

***PLEASE NOTE:*** *Cannon Law of the Catholic Church states: "The Godparent must be a practicing Catholic who is at least 16 years of age and has already received the Sacrament of Confirmation. A baptized and believing Christian from a separated church may be listed as a Christian witness." You must have ONE Catholic Godparent.*

Requested Day/Date/Time of Baptism: \_\_\_\_\_

Celebrant of Baptism Priest/Deacon: \_\_\_\_\_

Priest/Deacon Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*It is customary, not obligatory, to donate to the church upon conclusion of the baptism.*

**Comments:**

**FOR PARISH USE ONLY:**

Church: St. Patrick's Church St. John the Baptist Church

Priest/Deacon Scheduled for Baptism: \_\_\_\_\_

Date and Time of Baptism: \_\_\_\_\_

Testimonials: Father \_\_\_\_\_ Mother \_\_\_\_\_ Godfather \_\_\_\_\_ Godmother \_\_\_\_\_

Seminar: Father \_\_\_\_\_ Mother \_\_\_\_\_ Godfather \_\_\_\_\_ Godmother \_\_\_\_\_

Letter of Permission if out of Parish: \_\_\_\_\_

Certificate Printed: Yes No Date Recorded in Baptism Register: \_\_\_\_\_

# 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)

## Godparent/Sponsor Testimonial for Baptism/Confirmation

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

Name of Person to be Baptized/Confirmed: \_\_\_\_\_

Proposed Date of Baptism/Confirmation: \_\_\_\_\_

### Criteria to Serve as Godparent/Sponsor for Baptism/Confirmation

1. The Godparent/Sponsor must be a Catholic in good standing with the Church who has been Confirmed and regularly practices his/her Catholic faith;
2. The Godparent/Sponsor must be at least sixteen years of age;
3. If married, the Godparent/Sponsor must be in a marriage recognized as valid by the Catholic Church. Person may not be cohabiting (living together without marriage);
4. If not previously attended, the Godparent/Sponsor will attend appropriate preparation for fulfilling this role (Baptismal or Confirmation seminar, RCIA session, etc.)

### Statement of Godparent/Sponsor

"I meet the above-stated criteria to serve as a Godparent/Sponsor, and I will do all in my power to assist the parents of this child to raise their child in the Catholic faith, or - if an adult - to assist him/her in living faithfully as a Catholic Christian."

By signing below, the proposed Godparent/Sponsor 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/Sponsor's Signature: \_\_\_\_\_

Godparent/Sponsor's Name Printed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Pastor or Delegate (In Parish where the sacrament is to be celebrated)