

St. Landry Catholic Church

Est. 1756
1020 N. Main Street
Opelousas, LA 70570
337 942 6552
www.stlandrycatholicchurch.com

Baptismal Information Form

Please print

Child's Name: _____
First Middle Last

Date of Birth: _____ Sex: _____
MM/DD/YYYY Male/Female

Place of Birth: _____
(City) (State)

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

Mother's Name: _____ Religion: _____
First Middle Maiden Last

Mailing Address: _____
Street/P.O. Box City State Zip

Father: Phone #: _____ E-Mail: _____

Mother: Phone #: _____ E-mail: _____

Registered St. Landry Catholic Church Parishioners: Yes No Parishioner by domicile _____

If no: Current Church Parish _____ Letter of Permission (attached) _____

Was the Baby/Child Baptized while seriously ill, or in some other emergency? _____

Marriage: Yes No

Please present a copy of either the Birth Certificate of your child, or an affidavit of paternity to the church office before the baptism of your child.

Godfather: _____ Confirmed Practicing Catholic:
First Middle Last

Godmother: _____ Confirmed Practicing Catholic:
First Middle Maiden Last

Christian Witness: _____
First Middle Maiden Last

For Office use:
Officiant: _____

Date of Baptism: _____

Place of Baptism: _____

Time: _____