

ST. LANDRY CATHOLIC CHURCH  
1020 N. Main St.  
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

Contact Info:

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

Physical Address: \_\_\_\_\_  
Street City State Zip

Father: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
E-Mail \_\_\_\_\_

Mother: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
E-Mail \_\_\_\_\_

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

If no: Current Church Parish \_\_\_\_\_ Letter of Delegation (attached) \_\_\_\_\_

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

Marriage: Yes No

If you are not married, you must 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's Name: \_\_\_\_\_ Confirmed Practicing Catholic: \_\_\_\_\_  
First Middle Last

Godmother's Name: \_\_\_\_\_ Confirmed Practicing Catholic: \_\_\_\_\_  
First Middle Maiden Last

Christian Witness: \_\_\_\_\_  
First Middle Maiden Last

For Office use:

Celebrant: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Time: \_\_\_\_\_