



Emmaus Catholic Parish

1718 Lohmans Crossing

Lakeway, Texas 78734

Phone (512) 261-8500 Fax (512) 261-8200

BAPTISM REQUEST FORM

Scheduled Baptismal Dates

Second Saturday of the month 10:00 am ____ Fourth Saturday of the month 10:00 am ____
(English) (English)

Sunday, after the 12:15 pm Spanish Mass ____ QoA Chapel Sunday, after the 10 am mass ____

Requested Baptismal Date: _____

Name of Candidate: _____ (as it appears on the birth certificate)

Date of Birth: _____ City & State of Birth: _____

Father's Name: _____ (as it appears on the birth certificate)

Mother's Maiden Name: _____ (as it appears on the birth certificate)

Address: _____
STREET CITY/STATE/ZIP

Phone: _____ Email _____

Are parents registered members of Emmaus Catholic Parish? Y N

If not, parents need a letter of permission to baptize at Emmaus from their local parish.

Godfather's Name: _____ Marital Status*: _____

Godmother's Name: _____ Marital Status*: _____

If married, must be married through the CATHOLIC CHURCH

Name of Proxy, if using a Proxy: _____

FOR OFFICE USE

Parents: Parish Members Y N

If no, have parents obtained a letter of permission to baptize from their home parish? Y N

Child's Birth Certificate or Hospital Certificate

Baptismal Class Attendance—*must be within 3 years of requested date*

Godfather: Covenant Form

Proof of Baptism Class

Godmother: Covenant Form

Proof of Baptism Class

Name of Presider _____

Date of Baptism _____ Time _____ Date _____

Signature of Presider _____