

INFANT BAPTISM REQUEST FORM

St. Austin Catholic Parish
2026 Guadalupe Street
Austin, Texas 78705

FAX: (512) 477-9430

FOR OFFICE USE ONLY

Date parents attended baptism preparation class _____

Date of baptism _____ Time _____

Name of priest or deacon _____

PLEASE PRINT ALL INFORMATION

Today's Date: _____ E-mail Address: _____

INFORMATION ABOUT THE CHILD

CHILD'S NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ PLACE OF BIRTH _____
(Month/Day/Year) (City/State)

INFORMATION ABOUT THE PARENTS (Guardians)

FATHER: _____
(First) (Middle) (Last) (Religion)

MOTHER: _____
(First) (Middle) (Maiden) (Religion)

MAILING ADDRESS: _____
(Street) (Apt.)

(City) (State) (Zip)

HOME TELEPHONE _____ E-MAIL _____

WORK TELEPHONE – Father _____ WORK TELEPHONE – Mother _____

ARE YOU REGISTERED MEMBERS OF ST. AUSTIN CATHOLIC PARISH? _____ YES _____ NO
IF NOT, DO YOU LIVE WITHIN ST. AUSTIN'S TERRITORIAL BOUNDARIES? _____ YES _____ NO

WHICH CHURCH DO YOU ATTEND? _____

NOTE: You will need to notify your pastor and obtain his permission to allow us to baptize your child.

WHAT IS YOUR RELATIONSHIP TO ST. AUSTIN'S? _____

REQUIREMENTS FOR PARENTS REQUESTING BAPTISM FOR AN INFANT/CHILD:

Parents/guardians must accept the responsibility of raising the infant/child in the practice of the Catholic Faith and nurture that Faith at home and within a Catholic parish. Godparents and the local parish community will assist the parents/guardians with the teachings of the Church.

INFORMATION ABOUT THE BAPTISMAL GODPARENTS

Godparents must be:

- Fully initiated Catholics having the sacraments of Baptism, Confirmation and First Eucharist.
- Be at least 16 years of age,
- Be practicing Catholics who lead a life in harmony with the faith and the role to be undertaken,
- If married, they should have been married in a Catholic ritual. (*The Code of Canon Law, c. 874*).

A baptized non-Catholic is **not** eligible to serve as a baptismal godparent. However, he or she may serve as a Christian witness. Only one godparent is required. If a godparent is not able to be present, that godparent may request a proxy to stand in her/his place.

1. **GODPARENT'S NAME:** _____ RELIGION _____
(First) (Middle) (Last)

MAILING ADDRESS: _____
(Street) (Apt.)

(City) (State) (Zip)

Sacraments received: Baptism? ___ Confirmation? ___ Eucharist? ___

(Proxy: _____)
(First) (Middle) (Last)

2. **GODPARENT'S NAME:** _____ RELIGION _____
(First) (Middle) (Last)

MAILING ADDRESS: _____
(Street) (Apt.)

(City) (State) (Zip)

Sacraments received: Baptism? ___ Confirmation? ___ Eucharist? ___

(Proxy: _____)
(First) (Middle) (Last)