

BAPTISMAL FORM
St. Bartholomew Catholic Church
5356 Eleventh Street
Katy, TX 77493
281-391-4758

OFFICE USE

Record Book # _____
Family ID# _____
Date Reg'd: _____
Not Reg'd: _____
Statistic: _____
Certificate: _____
Date & Time of Baptism: _____
@_____

PLEASE PRINT

Date of Baptismal Classes: _____ and _____ Are you registered members of the Parish? **Yes { } No { }**
Do you need a letter to baptize outside of St. Bartholomew? **Yes { } - No { }**

A COPY OF YOUR CHILD'S BIRTH CERTIFICATE IS NEEDED BEFORE WE CAN SCHEDULE THE BAPTISM

*** Parents must call the office after the second class to schedule date of baptism***

***Please write the information as it appears in the Birth Certificate of your child*

CHILD:

Full Name: _____

First *Middle* *Last*

Date of Birth: ____/____/____ Place of Birth: _____, _____
City State - Country

{ } Male - { } Female Age: _____ Years _____ months

Ethnic Origin: { } Anglo - { } Hispanic - { } Asian - { } African-Am - { } Other: _____

PARENTS:

Full Name of Father: _____
{ } Catholic - { } Non-Catholic

Full Name of Mother: _____ **Maiden:** _____
{ } Catholic - { } Non-Catholic

Marital Status: { } Married - { } Living Together - { } Single parent *Place of Marriage: Catholic Church { }
Civil Marriage { }
Non-Denomination { }

CELLULAR NUMBER:

Mother: _____ Father: _____

Mailing Address: _____ Apt. #: _____ P.O.Box: _____

City State Zip Code

E-mail:

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Please enter an e-mail address

GODPARENTS:

Name of Godfather: _____ { } Catholic - { } Non-Catholic

Name of Godmother: _____ { } Catholic - { } Non-Catholic