



# St. Clement of Rome Parish

## SACRAMENT OF BAPTISM INFORMATION FORM

### CHILD INFORMATION:

Child's Full Name: \_\_\_\_\_  
First Name Middle Name Last Name

Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Country: \_\_\_\_\_  
City State

Date of Birth: \_\_\_\_\_

### PARENT INFORMATION:

Father's Full Name: \_\_\_\_\_  
First Name Middle Name Last Name

Father's Religion: \_\_\_\_\_ Father's Email: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_  
First Name Middle Name Maiden Name Married Name

Mother's Religion: \_\_\_\_\_ Mother's Email: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Family Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip

If Yes, are you married in the Catholic Church? Yes / No

Date of Marriage: \_\_\_\_\_ Church of Marriage: \_\_\_\_\_

Are you registered at St. Clement? Yes / No If No, what is your Church parish? \_\_\_\_\_

### GODPARENT INFORMATION:

*\*\*A godparent must be a confirmed Catholic in good standing with the Church who regularly practices their faith, at least 16 years of age, be in a marriage recognized as valid by the Catholic Church (if married), and not living together (if not married)\*\**

Godfather's Full Name: \_\_\_\_\_  
First Name Middle Name Last Name

Godmother's Full Name: \_\_\_\_\_  
First Name Middle Name Last Name

#### For Office Use Only

Priest/Deacon Scheduled for Baptism: \_\_\_\_\_ Date & Time of Baptism: \_\_\_\_\_

Child's Birth Certificate: \_\_\_\_\_

Testimonials: Father \_\_\_\_\_ Mother \_\_\_\_\_ Godfather \_\_\_\_\_ Godmother \_\_\_\_\_

Seminar: Father \_\_\_\_\_ Mother \_\_\_\_\_ Godfather \_\_\_\_\_ Godmother \_\_\_\_\_

Out of Parish Letter of Permission: \_\_\_\_\_ Recorded in Baptismal Register: \_\_\_\_\_

Notes:

**OTHER CHILDREN:**

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Baptized?** Yes / No **Where**  
**Baptized:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Baptized?** Yes / No **Where**  
**Baptized:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Baptized?** Yes / No **Where**  
**Baptized:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Baptized?** Yes / No **Where**  
**Baptized:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Baptized?** Yes / No **Where**  
**Baptized:** \_\_\_\_\_

# ARCHDIOCESE OF NEW ORLEANS

## Parental Testimonial for the Sacrament of Baptism

Date: \_\_\_\_\_

Name of Child to be Baptized: \_\_\_\_\_

### Statement of Catholic Parent(s)

**“It is my sincere hope and intention to raise my child in the Catholic faith and to do all in my power to assure through my own efforts that my child practices and grows in the Catholic faith.”**

*By signing below, the Catholic parent(s) solemnly swear that the statement above is a true and correct indication of their intentions.*

*(Must be signed by at least one Catholic parent.)*

Father's Signature: \_\_\_\_\_

Father's Name Printed: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Mother's Name Printed: \_\_\_\_\_

# ARCHDIOCESE OF NEW ORLEANS

## Godparent Testimonial for the Sacrament of Baptism

Date: \_\_\_\_\_

Name of Child to be Baptized: \_\_\_\_\_

### Criteria to Serve as Godparent for Baptism

1. **The Godparent must be a Catholic in good standing with the Church who has been Confirmed and regularly practices his/her Catholic faith.**
2. **The Godparent must be at least sixteen years of age.**
3. **If married, the Godparent must be in a marriage recognized as valid by the Catholic Church. Person may not be cohabiting, or living together without marriage.**
4. **If not previously attended, the Godparent will attend a Baptismal Seminar in preparation for this Baptism.**

### Statement of Godparent

**“I meet the above stated criteria to serve as a Godparent, and I will do all in my power to assist the parents of this child to raise their child in the Catholic faith.”**

*By signing below, the proposed Godparent solemnly swears that he or she has read the above criteria, and that the statement above is a true and correct indication of his/her intentions.*

Godparent's Signature: \_\_\_\_\_

Godparent's Name Printed: \_\_\_\_\_

# ARCHDIOCESE OF NEW ORLEANS

## Godparent Testimonial for the Sacrament of Baptism

Date: \_\_\_\_\_

Name of Child to be Baptized: \_\_\_\_\_

### Criteria to Serve as Godparent for Baptism

1. **The Godparent must be a Catholic in good standing with the Church who has been Confirmed and regularly practices his/her Catholic faith.**
2. **The Godparent must be at least sixteen years of age.**
3. **If married, the Godparent must be in a marriage recognized as valid by the Catholic Church. Person may not be cohabiting, or living together without marriage.**
4. **If not previously attended, the Godparent will attend a Baptismal Seminar in preparation for this Baptism.**

### Statement of Godparent

**“I meet the above stated criteria to serve as a Godparent, and I will do all in my power to assist the parents of this child to raise their child in the Catholic faith.”**

*By signing below, the proposed Godparent solemnly swears that he or she has read the above criteria, and that the statement above is a true and correct indication of his/her intentions.*

Godparent's Signature: \_\_\_\_\_

Godparent's Name Printed: \_\_\_\_\_