

Baptism Registration Form

Please complete the following information ONLY if your child is to be baptized at St. Theresa Catholic Church, Austin, Texas. For baptism in other parishes, please request a Baptism preparation certificate.

The date for Baptism can be set by calling the Church Office (Mon-Fri 9am-5pm) at 512-451-5121.

<u>Please do not plan on a specific date for Baptism until you have checked with the Church Office for availability of that date.</u>

Baptisms are generally done each weekend, depending on the priest/deacon's schedule.

FULL NAME OF CHILD:				
FIRST	MIDDLE		LAST	
DATE OF BIRTH:	PLACE C		F BIRTH:	
MM/DD/YYYY		City	State	
RESIDENCE:				
Address	City	State	e Zip	
CONTACT INFORMATIO	ON:			
Phone #1	Phone #2	Ema	il Address	
FATHER'S NAME:				
FIRST	MIDDLE	LAST	RELIGION	
MOTHER'S <u>MAIDEN</u> NA	.ME:			
FIRST	MIDDLE	LAST (MAIDEN)	RELIGION	
GODFATHER'S INFORM	IATION:		Is Godfather Catholic? (Circle)	
FIRST	MIDDLE	LAST	_ YES NO	
GODMOTHER'S INFORM	MATION:		Is Godmother Catholic? (Circle)	
FIRST	MIDDI E	LAST	YES NO	
	MIDDLE			
-	e represented by proxy? (Circle)		s, name:	
Was the child privately b	paptized? (Circle) YES NO	Was the child	d adopted? (Circle) YES NO	
OFFICE USE ONLY:	-			
Date of Session:		Family Registered:		
Date of Baptism:		Priest/Deacon:		
Recorded:		Certificate Sent:		