



Saint William Catholic Church

620 Round Rock West Drive
Round Rock, Texas 78681
(512) 255-4473 Fax (512) 255-8126
office@st-william.org

BAPTISM REGISTRATION FORM

PLEASE PRINT (This information will be used for official sacramental records)

Requested Baptism Date: _____

Note: This date is not guaranteed until confirmed by Saint William Parish.

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

Mother's Phone: _____ Father's Phone: _____

E-mail: _____ E-mail: _____

Are parents registered members of Saint William? ☐ Y ☐ N

Name of home parish: _____

Godfather's Name: _____ Marital Status*: _____

Godmother's Name: _____ Marital Status*: _____

Name of Christian Witness/Proxy: _____

*** If single, must not be cohabitating; if married, must be married through the Catholic Church. To cohabitate means living together without being married in the Catholic Church.***

FOR SAINT WILLIAM OFFICE USE

Parents: ☐ Do parents live within the St. William boundaries? ☐ Y ☐ N

☐ Child's Birth Certificate or Verification of Birth Facts

☐ Baptismal Class proof of attendance—*required of both parents*

Godfather: ☐ Covenant Form
☐ Proof of Baptism Class

Godmother: ☐ Covenant Form
☐ Proof of Baptism Class

Date Rec'd: _____ Staff Initials: _____