

Saint Andrew Catholic Church
3312 Dryden Road
Fort Worth, Texas 76109
(817) 927-5383
(817) 927-8507

Office Use Only:
Baptism Date: _____
Baptism Time: _____
People Attending: _____

INFANT BAPTISM FORM

(Ages Infant - 9 years)

Please print, and remember that this form will provide permanent information for the Baptism records for your child. Please verify legal spelling names. **We ask that a copy of your child's birth certificate be attached to this form along with a \$25.00 facility fee. The baptism will not be scheduled if the fees have not been collected and the Baptism Checklist is not completed.**

Name of Child: _____
(first) (middle) (last)

Date of Birth: _____ Place of Birth: _____
(month, day, year) (city) (state) (country)

Has child been previously Baptized? Yes No

Hospital Home

PARENT INFORMATION

Name of **Father**: _____
(first) (middle) (last)

Address: _____
(street) (city) (zip)

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email address: _____

Religion of father: Catholic? Yes No
If no, does father consent to Catholic Baptism? Yes No

Signature of consent _____

Name of **Mother**: _____
(first) (middle) (maiden)

Address: _____
(street) (city) (zip)

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email address: _____

Religion of mother: Catholic? Yes No
If no, does mother consent to Catholic Baptism? Yes No

Signature of consent: _____

For Office Use Only

Record

Child's Age

Certificate

Bulletin

Fee paid

Name of Parish where parents are presently registered _____

Parents are not registered in any parish

Are parents residing in Saint Andrew Parish boundaries? Yes No

Do parents attend Mass? Yes No How often? _____

Marital Status: Married Separated Divorced Unmarried

(If divorced – We need a copy of the section of the divorce decree showing the part who has the right to direct the moral and religious training of the children)

Were parents married in the Catholic Church? Yes No Civilly? Yes No

If separated/divorced or unmarried, who has legal custody?

Name: _____ Relationship to Child: _____

Address: _____

(if different) (street) (city) (state) (zip)

Provide baptism preparation class certificate of attendance if not taken at St. Andrew

GODPARENT INFORMATION

Name of **Godfather**: _____

(first) (middle) (last)

Catholic? Yes No

Married? Yes No In the Catholic Church? Yes No Civilly? Yes No

Confirmed in the Catholic Church? Yes No

Baptism class taken at St. Andrew Church? Yes No

Other Parish _____

Name of parish

Provide baptism preparation class certificate of attendance if not taken at St. Andrew

Name of **Godmother**: _____

(first) (middle) (last)

Catholic? Yes No

Married? Yes No In the Catholic Church? Yes No Civilly? Yes No

Confirmed in the Catholic Church? Yes No

Baptism class taken at St. Andrew Church? Yes No

Other Parish _____

Name of parish

Provide baptism preparation class certificate of attendance if not taken at St. Andrew

Office use only

Date of Baptism _____ Signature of Priest/Deacon _____