



St. Aloysius Catholic Church
 2025 Stuart Street Baton Rouge, LA 70808
 (225) 343-6657 Fax: (225) 344-6847 www.aloysius.org
 email: angelafalgoust@staloysiusparish.com

Baptismal Information

Are you a member of St. Aloysius Church Parish?: _____ *Date Registered* _____

Date: _____ Child's Full Name: _____ Sex: _____

Home Phone: _____ Due Date: _____ Date of Birth: _____ City of Birth: _____

Work Phone:(his) _____ Father's Full Name: _____ Religion: _____
 (hers): _____ Nickname: _____

NICKNAMES ARE USED FOR NAME TAGS

Cell: (his) _____ Mother's First/Maiden Name: _____ Religion: _____
 (hers): _____ Nickname: _____

Fax: _____ Address: _____

Email: _____ Valid Marriage in Catholic Church(Y/N) _____

Was child adopted?: _____ Was child baptized previously?: _____

Requested Date/Time:

1st Choice: _____
 2nd Choice _____
 3rd Choice _____

Emergency ceremony date: _____ By whom: _____

Description of previous Baptism: _____

Full Name of Godfather: _____ Nickname: _____

Is Godfather a confirmed practicing Catholic? _____ If so, what Church Parish: _____

**Letter Required: _____ Letter Received: _____

Full Name of Godmother: _____ Nickname: _____

Is Godmother a confirmed practicing Catholic? _____ If so, what Church Parish: _____

**Letter Required: _____ Letter Received: _____

****Letter of Verification of practicing Catholic status required of godparent(s) from parish where practicing.**

Baptismal Seminar

Have you attended a Baptismal Seminar at St. Aloysius in the past 5 years? _____ If not, attending seminar is required.

Date of Baptismal Seminar Attended: _____

OFFICE USE ONLY

<u>In-Home Visit</u>		Date Contacted: _____
Name of Visitor: _____	Date of Visit: _____	Remarks: _____

Name of Priest/Clergyman: _____	<i>Date of Baptism:</i> _____	<i>Time:</i> _____
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