



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

Parishioner Registration Date: _____ **Parishioner ID#:** _____

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: _____
 Cell: (his) _____ (NICKNAMES ARE USED FOR NAME TAGS)
 (hers): _____ Mother's First/Maiden Name: _____ Religion: _____
 Fax: _____ Address: _____
 Email: _____

Were parents married by a priest? _____ Not married? _____
 Was child adopted? _____ Was child baptized previously? _____

Godparent Requirements: One godparent is required to be a Confirmed practicing Catholic over the age of 16. A letter of good standing from their parish is required if the person is not a registered parishioner of St. Aloysius.

Requested Baptism Date/Time:
 1st Choice: _____
 2nd Choice: _____
 3rd Choice: _____

Full Name of Godfather: _____ Nickname: _____

Is Godfather a Confirmed, practicing Catholic? _____ Is so, what Church Parish? _____

****Letter Required:** _____ Letter Received: _____ Other Religion: _____

Full Name of Godmother: _____ Nickname: _____

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

****Letter Required:** _____ Letter Received: _____ Other Religion: _____

****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: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____