

Please list three date and time choices below. The date scheduled is based upon availability and will be confirmed by email from the Parish Office.

Date/Time:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

# St. Aloysius Catholic Church

2025 Stuart Street Baton Rouge, LA 70808

(225) 343-6657 Fax: (225) 344-6847 [www.aloysius.org](http://www.aloysius.org)

email: [tgreely@stalloysiusparish.com](mailto:tgreely@stalloysiusparish.com)



## Baptismal Information

Email(s): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Phones:  
Home:

\_\_\_\_\_

Cells: (his)

\_\_\_\_\_

(hers)

Father's **First/Middle/Last** Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Nickname: \_\_\_\_\_

**(NICKNAMES ARE USED FOR NAME TAGS)**

Mother's **First/Middle/Maiden** Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Were parents married by a priest? \_\_\_\_\_ Not married? \_\_\_\_\_

Was child adopted? \_\_\_\_\_ Was child baptized previously? \_\_\_\_\_

**Letter of Good Standing of Practicing Catholic, required of godparent(s) from parish where practicing.**

***Godparent Requirements:*** Godparents are required to be Confirmed practicing Catholics, age 16 or over and in good standing with the Catholic Church.. A letter stating this is required from their Church Parish.

Full Name **First/Middle/Last** of Godfather: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Letter Received: \_\_\_\_\_ Other Religion: \_\_\_\_\_

Full Name **First/Middle/Maiden/Last** of Godmother: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Letter Received: \_\_\_\_\_ Other Religion: \_\_\_\_\_

### 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:**

#### **Baptismal Visit**

Date Contacted: \_\_\_\_\_

Name of Visitor: \_\_\_\_\_ Date of Visit: \_\_\_\_\_ Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_