

St. Peter the Apostle
Baptism Registration Form
P.O. Box 28, Gueydan, La 70542
337-536-9258

Please fill all information as listed on the Birth Certificate. Turn this **Completed** form in to the Church Office with any documentation required. Please call the office for any questions

Name of Child to be Baptized: First _____ Middle _____ Last _____

Date of Birth: _____ Place of Birth: _____

Was the Child Adopted? (Yes) (No)

Was the Child privately baptized? (Yes) (No)

Parent Information

Father's Name: First _____ Middle _____ Last _____

Religion: _____ Registered member of St. Peter Church Parish? (Yes) (No) (Not sure)

If "No", where are you a member? _____ Delegation to have a baptism here? (Yes) (No) (Not sure)

Mother's Name: First _____ Middle _____ Maiden _____

Religion: _____ Registered member of St. Peter Church Parish? (Yes) (No) (Not sure)

If "No", where are you a member? _____ Delegation to have a baptism here? (Yes) (No) (Not sure)

Were parents Married by a Catholic Priest/Deacon? (Yes) (No) Name of Church: _____

If "No", Parents will have to provide the original Birth Certificate, or sign an affidavit of Paternity in order to have the father listed on the Baptism registry. Form of Paternity Provided? (Original Birth Certificate) (Affidavit of Paternity) Other _____

Mailing Address: _____

Contact Number _____ Emergency Number: _____ E-Mail address _____

Godparent Information

****Notice ONE Godparent, Baptized, Confirmed, and practicing Catholic is required. Christian witnesses are allowed, but will not be listed in the registry or on the Baptism Certificate.**

Godfather Name: First _____ Middle _____ Last _____

Religion: _____ Confirmed? (Yes) (No) Church where Confirmed _____

Marital Status: (Single) (Married in the Catholic Church) (Married outside of the Catholic Church)

Godmother Name: First _____ Middle _____ Last _____

Religion: _____ Confirmed? (Yes) (No) Church where Confirmed _____

Marital Status: (Single) (Married in the Catholic Church) (Married outside of the Catholic Church)

Is either Godparent represented by Proxy? (Yes) (No) If "Yes", Name of Proxy _____

****Baptisms are usually done on Sunday mornings after 10:30 mass. Other times may be requested (subject to approval). Please allow at least 10 days notice for preparation for Baptisms.**

Requested

date for Baptism: _____ Second choice _____

****For Office Use****

Date of Baptism: _____ Officiant : _____

Notified Family on: _____ Spoke to: _____

Did family attend Baptism meeting? (Y) (N) Date: _____ All needed documents turned in: _____