

St. John Vianney Catholic Church
Diocese of Austin
3201 Sunrise Road, Round Rock, Texas 78665
Phone: 512-218-1183, Fax: 512-218-8272
www.sjvroundrock.org

BAPTISMAL APPLICATION

Email: office@sjvroundrock.org

You must fill out and turn in this form one (1) weeks before the scheduled Baptism.

Please fill out this form legibly and accurately.

All of the information will go into your child's permanent records.

Child's Name: _____ Sex: _____
(Last) (First) (Middle)

A copy of the child's birth certificate or hospital certificate must be given to St. John Vianney before the child can be baptized.

Date of Birth: _____ City/State of Birth: _____

Mother's Name: _____
(Last) (First) (Middle) (Maiden)

Father's Name: _____
(Last) (First) (Middle)

Sponsor Name: _____ Confirmed: _____
(Female)

Religion: _____ Parish: _____

If godmother will not be at the Baptism, give name of proxy: _____

Sponsor Name: _____ Confirmed: _____
(Male)

Religion: _____ Parish: _____

If godfather will not be at the Baptism, give name of proxy: _____

Information Check List

Parents

___ Copy of Child's Birth Certificate
___ Baptism Preparation Class (Father)
___ Baptism Preparation Class (Mother)

God Father

___ Godparent Covenant Form
___ Pastor's Letter
___ Baptism Preparation Class

God Mother

___ Godparent Covenant Form
___ Pastor's Letter
___ Baptism Preparation Class

OFFICE USE

Tentative date for Baptism: _____ Presider: _____

Sacrament conferred on (date and time): _____

Signature of Presider: _____

Date entered into parish record: _____ by: _____

Date entered into Church pds: _____ by: _____