

*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](http://www.sjvroundrock.org)

**BAPTISMAL APPLICATION**

Email: [office@sjvroundrock.org](mailto: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: \_\_\_\_\_