

ST. GENEVIEVE CATHOLIC CHURCH

Tel. 985-643-3832 / 985-641-6771

Fax 985-649-5294

Important Documents Needed for Baptisms

Baby's Name _____

WE WILL NEED TO SEE THE ORIGINAL BIRTH CERTIFICATE, MARRIAGE CERTIFICATE OR ANY OTHER LEGAL DOCUMENTS NEEDED BEFORE THE BABY CAN BE BAPTIZED.

These Documents should be completed & submitted in the office before coming to class. Baptism cannot be scheduled without these requirements.

_____ 1. If you live within St. Genevieve parish boundaries and are not registered you are required to register. If you are registered in another parish but want to baptize your child here, you will need to get a **letter of permission** from your home parish.

_____ 2. Birth Certificate or the equivalent from the hospital – we must **See** the original and will make a copy for our files.

_____ 3. Both parents and Sponsors must attend the baptism class at the same time. If parents and Sponsors previously attended the baptism class, we need a copy of the class certification.

_____ 4. Marriage Certificate - we **must see** the original and will make a copy for our files.

_____ 5. At least one Godparent must be a **confirmed, & practicing, Catholic, at least 16 years old**. If they attend church in another parish they will need a **letter of permission** from their home parish, this can be faxed to our office.

ST. GENEVIEVE CATHOLIC CHURCH
58025 ST. GENEVIEVE LN. SLIDELL, LA. 70460
Tel. 985-643-3832 – Fax 985-649-5294

Baptismal Date _____ Mass Time _____ Priest/Deacon _____

Date of Interview/Class _____ Time _____ Interviewer _____

Name of Child _____ Sex M _____ F _____

Child born in _____
 (City) (State)

Date of Birth _____

Mother & Father Married? Yes _____ No _____ Date _____

Marriage – Catholic/Protestant/Justice of Peace _____

Name of Father _____ Religion _____

Name of Mother _____ Religion _____
 (Maiden Name)

Address _____
 (Street) (City) (State) (Zip)

Phone – Home _____ Work _____ Cell _____ Email _____

Do parents attend church regularly? _____
 Are you registered Parishioners? Yes ___ No ___ Home Parish Church _____

(SPONSORS)

Sponsor _____ Address _____
 Tel. # H _____ Cell # _____
 Home Church Parish _____ Registered(Y/N) _____
 Catholic (Y/N) ___ Confirmed (Y/N) ___ Witness (Y/N) ___

Sponsor _____ Address _____
 Tel. # H _____ Cell # _____
 Home Parish Church _____ Registered(Y/N) _____
 Catholic (Y/N) ___ Confirmed (Y/N) ___ Witness (Y/N) ___

For Office Use Only:		
Recorded _____	Parish Data _____	Church Offering \$ _____
Certificate-Mailed _____	Handed _____	
Card Mailed _____	Bulletin _____	PDS _____