

**CATHEDRAL OF ST. FRANCIS DE SALES
HOUMA, LOUISIANA**

BAPTISMAL REGISTRY

Date: _____

Interviewer: _____

Parishioner: Territorial Registered
Pastor's Permission: N/A Received

Registration Form Completed Returned

CHILD'S NAME: _____ Male Female
First Middle Last

Date of Birth: _____
Month Day Year

Place of Birth: _____
City & State

Father's Name: _____

Mother's Name: _____

Religion or Church Affiliation: _____

Religion or Church Affiliation: _____

Address: _____

Address: _____

Phone Numbers: _____

Married: Yes No Years of Marriage: _____ Catholic Church
 Judge or J.P. Other Church or Minister: _____

**If not married, please provide a copy of the child's Official Birth Certificate or notarized paternity papers.*

Godfather: _____

Date of Birth: _____

Requirements: Baptized Catholic
 Confirmation
Age: _____

First Communion
 Practicing

Relationship to the child: _____

Godmother: _____

Date of Birth: _____

Requirements: Baptized Catholic
 Confirmation
Age: _____

First Communion
 Practicing

Relationship to the child: _____

Proxy or Witness (*Applies ONLY to baptized non-Catholics*): _____

BAPTISMAL PREPARATION: Date: _____ By: _____

Attended: Father Mother
 Godfather Godmother

N/A: _____

Remarks: _____

BAPTISM DATE: _____

Officiant: _____

Office Notes: _____
