



St. Mary's Catholic Campus Ministry  
at Stephen F. Austin State University



# Baptism Request Form

Name of Child: \_\_\_\_\_  
First                      Maiden                      Last

Date of Baptism: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
First                      Maiden                      Last

Mother's Name: \_\_\_\_\_  
First                      Maiden                      Last

In what church were parents married: \_\_\_\_\_

Married in the Catholic Church? Yes  No

Godfather's Name: \_\_\_\_\_  
First                      Maiden                      Last

Is Godfather Catholic? Yes  No

Godmother's Name: \_\_\_\_\_  
First                      Maiden                      Last

Is Godmother Catholic? Yes  No

**In accordance with Church teaching, at least one Godparent must be a practicing Catholic.**

Name of priest performing ceremony \_\_\_\_\_