



Saint Mary Cathedral

203 East 10th Street

Austin, Texas 78701

Phone (512) 476-6182 Fax (512) 476-8799

BAPTISM APPLICATION FORM

PLEASE PRINT (This information will be used for official sacramental records)

Requested Baptism Date: _____

Note: This is date is not guaranteed until confirmed by the Cathedral.

Name of Candidate: _____ (as it appears on the birth certificate)

Date of Birth: _____ City & State of Birth: _____

Father's Name: _____ (as it appears on the birth certificate)

Mother's Maiden Name: _____ (as it appears on the birth certificate)

Address: _____

STREET

CITY/STATE/ZIP

Contact: (Mother) Phone: _____ (Father) Phone _____

E-mail: _____ E-mail: _____

Are parents registered members of Saint Mary Cathedral? Y N

If no, have parents obtained a letter of permission to baptize from their home parish? Y N

Name of home parish: _____

Godfather's Name: _____ Marital Status*: _____

Godmother's Name: _____ Marital Status*: _____

*Must be married through the Catholic Church

Name of Proxy, if using a Proxy: _____

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FOR CATHEDRAL OFFICE USE

Parents: Are parents registered members of Saint Mary Cathedral? Y N

If no, have parents obtained a letter of permission to baptize from their home parish? Y N

Child's Birth Certificate or Hospital Certificate

Baptismal Class proof of attendance—*required of both parents*

Godfather: Covenant Form

Proof of Baptism Class

Godmother: Covenant Form

Proof of Baptism Class