



OFFICE OF FAITH FORMATION
HOLY ROSARY CATHOLIC CHURCH
BAPTISM

Please complete this form giving full legal names and maiden name (where appropriate).

Parent Information

Family Name: _____ Baptism Date: _____

Address: _____ City/State: _____ Zip: _____

E-mail Address: _____ @ _____ . _____

Mother Phone#: _____ Fathers Phone#: _____

Mothers Full Name (Including Maiden): _____

Mothers Religion: _____ Fathers Religion: _____

Fathers Full Name: _____ Date of Marriage: _____

Church of Marriage: _____ City/State: _____

Married in Catholic Church by Catholic Priest or Deacon? YES NO

*Civilly Divorced? YES NO

**If the child's parents are civilly divorced, we request a signed letter of approval from the custodial parent.*

Child Information:

Full Legal Name: _____

Date of Birth: _____ City of Birth: _____

Godparent Information:

Godfather Full Legal Name: _____ Practicing Catholic in Good Standing: _____

Godmother Full Legal Name: _____ Practicing Catholic In Good Standing: _____

You may submit this form to the parish office, fax it to 713-522-3967, e-mail it to kbrown@holyroaryparish.org, or mail this completed form to:

*Holy Rosary Catholic Church
3617 Miliam St.
Houston, TX 77002
ATTN: Kelsea Brown*

OFFICE USE ONLY

Date Received by Office: _____ *Birth Certificate Received: YES Date:* _____

Classes Attended: YES (Month/Year) _____ *Church Attended:* _____

Scheduled Baptism Date: _____ *Actual Baptism Date:* _____

Recorded in Sacramental Record Book: YES By: _____ *Date:* _____

By (Priest or Deacon) Signature: _____