



Sacred Heart Catholic Church

704 Old Montgomery Rd.
Conroe, TX 77301

BAPTISM APPLICATION

Baptism Date: _____

Child: First Name

Middle

Last Name

Date of Birth

Complete Name of Mother

First Middle Maiden Marriage

Religion: _____

Sacraments Received:

- Baptism Confirmation
- First Reconciliation/Communion Marriage

Marital Status:

- Single Living Together

Married

- Catholic Civil Marriage Non- Catholic Marriage

Mother's Address:

Street City State Zip Code

Cell: _____ Home: _____

Email: _____

Mother's Signature _____ Date _____

Complete Name of Father

First Middle Last Name

Religion: _____

Sacraments Received:

- Baptism Confirmation
- First Reconciliation/Communion Marriage

Marital Status:

- Single Living Together

Married

- Catholic Civil Marriage Non- Catholic Marriage

Father's Address:

Street City State Zip Code

Cell: _____ Home: _____

Email: _____

Mother's Signature _____ Date _____

Complete Name of Godmother:

First Middle Maiden Marriage

Religion: _____

Sacraments Received:

- Baptism Confirmation
- First Reconciliation/Communion Marriage

Marital Status:

- Single Living Together

Married

- Catholic Civil Marriage Non- Catholic Marriage

Address:

Street City State Zip Code

Cell: _____ Home: _____

Email: _____

Complete Name of Godfather:

First Middle Last name

Religion: _____

Sacraments Received:

- Baptism Confirmation
- First Reconciliation/Communion Marriage

Marital Status:

- Single Living Together

Married

- Catholic Civil Marriage Non- Catholic Marriage

Address:

Street City State Zip Code

Cell: _____ Home: _____

Email: _____

Office use Only:

Documents Received:

- Birth Certificate Catholic Marriage Certificate (if married) Parents, Parish Registration

Baptism Course:

Name of the Church and Year

Name of the Church and Year

Mother: 1 _____ **2** _____

Father: 1 _____ **2** _____

Godmother: 1 _____ **2** _____

Godfather: 1 _____ **2** _____



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APPLICATION TO PETITION A LETTER TO BAPTIZE A CHILD AT ANOTHER CHURCH

Child: First Name Middle Last Name Date of Birth

Baptism Date:

Church to be baptized: _____
Name of Church City, Town, Country State Zip Code

Name(s) of the Person (s) requesting the letter: At the Baptism you will be **Mother** **Godmother**
 Father **Godfather**

Complete Name (Mother or Godmother)

First Middle Maiden Marriage

Religion

Sacraments Received:

- Baptism Confirmation
 First Reconciliation/Communion Marriage

Marital Status:

- Single Living Together

Married

- Catholic Civil Marriage Non- Catholic Marriage

Address:

Street, City State Zip Code

Cell: _____ Home: _____

Email:

Complete Name (Father or Godfather)

First Middle Last Name

Religion

Sacraments Received:

- Baptism Confirmation
 First Reconciliation/Communion Marriage

Marital Status:

- Single Living Together

Married

- Catholic Civil Marriage Non- Catholic Marriage

Address:

Street City State Zip Code

Cell: _____ Home: _____

Email:

I read, understand and accept the Responsibilities and Requirements for being a Catholic Parent/Godparent/Witness and I promise to pay special attention to the child that will be baptize in the efforts to live a Christian life that reflects the spirit and teachings of the Catholic Church.

Signature (Mother or Godmother/Witness) _____ Date _____

Signature (Father or Godfather/Witness) _____ Date _____

Note: Turn this application with the Godparent Covenant

Office use Only:

Documents Received: Birth Certificate Catholic Marriage Certificate (if married) Parents, Parish Registration

Baptism Course: _____ **Name of the Church and Year** _____ **Name of the Church and Year** _____

Mother: 1 _____ **2** _____

Father: 1 _____ **2** _____

Godmother: 1 _____ **2** _____

Godfather: 1 _____ **2** _____