

IMPORTANT: REGISTRATION AND ALL DOCUMENTS MUST BE IN THE OFFICE AT LEAST ONE FULL WEEK BEFORE ATTENDING CLASS. (updated 5-2023)

ST. JOHN the EVANGELIST CATHOLIC CHURCH ~ HONDO, TEXAS

Date: _____

CHILDREN'S BAPTISM INFORMATION for PARISH RECORD

PLEASE PRINT

CHILD'S INFORMATION (Per birth certificate) (Please Print)

FULL NAME _____

DATE OF BIRTH _____

CITY & STATE OF BIRTH _____

**Office Use
Proposed Baptism**

Date _____

Time _____

Minister _____

PARENTS (REQUIREMENTS BACK OF FORM)

Catholic ☐ Yes ☐ No

FATHERS FULL NAME _____

ADDRESS _____

TELEPHONE NO. _____

DATE & LOCATION OF CLASS ATTENDED _____

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Catholic ☐ Yes ☐ No

**MOTHER'S FULL MAIDEN NAME** \_\_\_\_\_

ADDRESS (If different from above) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE & LOCATION OF CLASS ATTENDED: \_\_\_\_\_

**\*\*Date & Time meeting with Father:** \_\_\_\_\_

**GODPARENTS: SEE BACK OF FORM FOR REQUIREMENTS. (PLEASE PRINT)**

Catholic ☐ Yes ☐ No Proof of Sacraments provided: ☐ Yes ☐ No Date class attended: \_\_\_\_\_

\_\_\_\_\_  
FIRST & LAST NAME

TELEPHONE NO. \_\_\_\_\_

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Catholic ☐ Yes ☐ No Proof of Sacraments provided: ☐ Yes ☐ No Date class attended: _____

FIRST & LAST NAME

TELEPHONE NO. _____

OFFICE USE Document Provided: ☐ Certificate of Birth from State ☐ Hospital Certificate (NOT with footprints)

Actual Date of Baptism: _____ Actual Minister of Baptism: _____

Certificate Issued _____ Entered in Parish Record: Volume _____ Page _____ Line No. _____

Paid \$50.00 ☐ Yes ☐ No Private with Mass \$150.00 Paid: ☐ Yes ☐ No ☐ Indexed ☐ Card sent