



Saint William Catholic Church

620 Round Rock West Drive

Round Rock, Texas 78681

Phone (512) 255-4473 Fax (512) 255-8126

BAPTISM REGISTRATION 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 Saint William.

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 William? 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 Christian Witness/Proxy: _____

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FOR SAINT WILLIAM OFFICE USE

Parents: Are parents registered members of Saint William Catholic Church? Y N

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

Child's Birth Certificate or Verification of Birth Facts

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

Godfather: Covenant Form

Proof of Baptism Class

Godmother: Covenant Form

Proof of Baptism Class