



Our Lady of Prompt Succor Catholic Church

**529 Highway 20, Chackbay
Thibodaux, Louisiana 70301**

**985-633-2903
FAX 985-633-9225**

BAPTISMAL REGISTRATION

OFFICE USE ONLY

Date _____

Baptism Date _____

Registry # _____

CHILD'S FULL

Baptismal Stipend

\$10.00 Per Child

NAME _____
(First) (Middle) (Last)

DATE OF BIRTH _____ **CITY AND STATE OF BIRTH** _____
NEED COPY OF BABY'S BIRTH CERTIFICATE

FATHER'S FULL NAME _____
(First) (Middle) (Last)

MOTHER'S MAIDEN NAME _____
(First) (Middle) (Maiden) (Last)

MARRIAGE: Catholic Church? YES _____ NO _____ Other YES _____ NO _____

Date of Marriage _____ **Place of Marriage** _____

PARENTS MAILING ADDRESS _____

PHONE HOME _____ **WORK** _____ **CELL** _____

E-MAIL _____

SEX OF CHILD--MALE _____ **FEMALE** _____ **AGE** _____

Religion or church affiliation: Father _____ Mother _____

Registered Parishioner _____ **Territorial/Domiciled** _____ **Registered** _____

If not Registration Form Completed _____ **Returned** _____ **Pastor's Permission** _____
From other Catholic Church

Godfather _____ **Date of Birth** _____

Required _____ **Baptized Catholic** _____ **Catholic Confirmation (Proof is Needed)** _____ **Practicing Catholic** _____

Godmother _____ **Date of Birth** _____

Required _____ **Baptized Catholic** _____ **Catholic Confirmation (Proof is needed)** _____ **Practicing Catholic** _____

OTHER CHILDREN

Name _____ **Age** _____ **Catholic Baptism** _____

Name _____ **Age** _____ **Catholic Baptism** _____