

ARCHDIOCESE OF NEW ORLEANS

Parental Testimonial for the Sacrament of Baptism

Date: _____

Name of Child to be Baptized: _____

Proposed Date of Baptism _____

Statement of Catholic Parent(s)

“It is my sincere hope and intention to raise my child in the Catholic faith and to do all in my power to assure through my own efforts that my child practices and grows in the Catholic faith.”

By signing below, the Catholic parent(s) solemnly swear that the statement above is a true and correct indication of their intentions.

(Must be signed by at least one Catholic parent.)

Father's Signature: _____

Father's Name Printed: _____

Mother's Signature: _____

Mother's Name Printed: _____

Signature of Pastor or Delegate (In Parish where Baptism is to be Celebrated)
