



**Emmaus Catholic Parish**  
**1718 Lohmans Crossing**  
**Lakeway, Texas 78734**  
**Phone (512) 261-8500 ext 207**  
[office@emmausparish.org](mailto:office@emmausparish.org)

## **BAPTISM REQUEST FORM**

### **For Children under the Age of 7**

**A letter of permission is needed to baptize at Emmaus if parents live outside of Emmaus boundaries.**

Second Saturday of the month 11:00 am \_\_\_\_  
(English)  
Sunday, 1:15 pm \_\_\_\_  
(English)

Fourth Saturday of the month 11:00 am \_\_\_\_  
(English)  
Fourth Sunday of the month 1:15 pm \_\_\_\_  
(Spanish)

**Requested Baptismal Date:** \_\_\_\_\_

Name of Candidate: \_\_\_\_\_ (as it appears on the birth certificate)

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ (as it appears on the birth certificate)

Mother's Full Maiden Name: \_\_\_\_\_ (as it appears on the birth certificate)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ STREET \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
Email \_\_\_\_\_

Godfather's Name: \_\_\_\_\_ Marital Status\*: \_\_\_\_\_

Godmother's Name: \_\_\_\_\_ Marital Status\*: \_\_\_\_\_

**\*If either Godparent is in a civil marriage, they must validate their marriage through the CATHOLIC CHURCH**

**Prior to the Baptism\***

**Emmaus/QoA Chapel does not offer private Baptisms**

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#### **FOR OFFICE USE**

**Parents:** Parish Members ☐ Y ☐ N

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

Child's Birth Certificate or Hospital Certificate ☐

Parents Baptismal Class Attendance – *must be within 3 years of requested date* ☐

**Godfather:** ☐ Covenant Form  
☐ Proof of Baptism Class

**Godmother:** ☐ Covenant Form  
☐ Proof of Baptism Class

Name of Presider \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Time \_\_\_\_\_

Signature of Presider \_\_\_\_\_ Date \_\_\_\_\_