



ST. ELIZABETH OF HUNGARY CATHOLIC CHURCH
1520 North Railroad Avenue / Pflugerville, TX 78660
Office (512) 251-9838 Fax (512)251-9868
info@stelizabethpf.org

BAPTISMAL INFORMATION FORM

NAME OF CHILD _____

DATE OF BIRTH _____ BIRTH CITY/STATE _____

NAME OF FATHER _____

NAME OF MOTHER _____

CURRENT MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (CELL) _____ E-MAIL _____

GODPARENTS

GOD MOTHER _____

GOD FATHER _____

BAPTISM DATE _____

BELOW FOR OFFICE USE ONLY

ARE PARENTS REGISTERED MEMBERS? YES _____ NO _____ MEMBER ID # _____

_____ PERMISSION LETTER FROM THEIR PRIEST (IF NEEDED)

_____ OFFICIAL BIRTH CERTIFICATE

_____ COVENANT FORMS

ASSISTANCE TO BAPTISM CLASS

PARENT (S): _____

DATE: _____

GOD PARENT(S): _____

DATE: _____