St. Andrew the Apostle Roman Catholic Church

3101 Eton Street

New Orleans, LA 70131

Parental Testimonial for the Sacrament of Baptism

Date: _____

Name of Child to be Baptized:_____

Proposed Month of Baptized:_____

Statement of 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.

Father's Signature:_____

Father's Name Printed:_____

Mother's Signature:_____

Mother's Name Printed:_____

_____

Pastor's Signature