

**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 proposed Catholic parent(s) solemnly swears 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: \_\_\_\_\_

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