



ST. HUGO OF THE HILLS
CATHOLIC CHURCH AND SCHOOL

**Parental Consent
for
Baptism in the Catholic Church, Latin Rite**

Name of Child: _____

Date of Birth: _____

It is by our will that _____
(Name of Child)

be baptized in the Catholic Church, Latin Rite.

Mother Signature: _____

Date: _____

Father Signature: _____

Date: _____