

**Authorization Request Forwarding Form
Infant Baptism Preparation Course Attendance and Completion**

**St. Austin Catholic Parish
2026 Guadalupe Street
Austin, Texas 78705
FAX: (512) 477-9430**

PRINT ALL INFORMATION CLEARLY.

Name of Parish to which
the document is to be forwarded: _____

Attention: (Pastor or other) _____

Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone Number: (____) _____

Web page address: www. _____

E-mail address: _____ @ _____

Please forward the Infant Baptism Preparation Course Attendance and Completion Form for
(Full name of attendee) _____ to the
above mentioned parish.

Person making the request: (Full name) _____

Phone Number: (____) _____

E-mail: _____ @ _____

Please allow 7 – 10 business days for processing.

FOR OFFICE USE ONLY

St Austin Catholic Parish confirms that _____
has attended and completed all the requirements for the Infant Baptism Course at St.
Austin Catholic Church, 2026 Guadalupe Street, Austin Texas, 78705.

Date of class: _____ Instructor: _____

Signed: _____

St. Austin Parish Staff Baptism Administrator

Mr. Mark Harrison