Our Lady of Lourdes Catholic Church
1301 Center Road
Venice, Florida 34292

Baptism – Registration Form

Requested Baptism Date: _____ **Date Class Attended:** _____

Name: _____
First **Middle** **Last**

Date of Birth: _____ **Place of Birth:** _____
City, State, Zip Code

Home Address: _____
Street **City, State, Zip Code**

Telephone#: _____ **Email Address:** _____

Name and Address of Parish where you are registered:

_____

Father's Name: _____
First **Middle** **Last**

Mother's Name: _____
First **Middle** **Maiden Name**

Father's Tel #: _____ **Mother's Tel #:** _____

Father's religion: _____ **Mother's religion:** _____

Parents: Are you presently married to each other? Yes_____ No_____

Were you married by a Catholic Priest? Yes_____ No_____ Name of church & address:

_____

Godfather: _____
First **Middle** **Last**

Confirmed, and Practicing Catholic? Yes_____ No_____

Name & address of Church: _____

Godmother: _____
First **Middle** **Last**

Confirmed, and Practicing Catholic? Yes_____ No_____

Name & address of Church: _____