

OUR LADY OF LOURDES CATHOLIC CHURCH



BAPTISMAL REGISTRATION FORM

ATTACH & RETURN (Mail or Drop-off) ALL COMPLETED FORMS

Including (Godparent(s) Certificates of Eligibility)

ONE MONTH PRIOR TO BAPTISM TO:

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

Please Print

Child's full Name: _____
First Middle Last Suffix

Address: _____
City State Zip Code

Parents Telephone Number (indicate if home or cell): _____

Parents Email Address: _____

Child's Full Date of Birth: _____

Birthplace (City, State): _____ *(Birth Certificate Required)*

Father's Full Name: _____

Catholic _____ or Non-Catholic: _____

Mother's First Name: _____ Maiden Name: _____

Catholic _____ or Non-Catholic: _____

Have parents attended a Baptismal Prep Class within the past 2 years? ___ Yes ___ No

Godfather or Christian Witness' Name: _____

Catholic: _____

Registered Parishioner of *Our Lady of Lourdes* ___ Yes ___ No (If No, please obtain a *Letter of Eligibility* from home parish)

Non-Catholic: _____

Name of Church Attending/membership: _____

Godmother or Christian Witness' Name: _____

Catholic: _____

Registered Parishioner of *Our Lady of Lourdes* ___ Yes ___ No (If No, please obtain a *Letter of Eligibility* from home parish)

Non-Catholic: _____

Name of Church Attending/membership: _____

Will either Godparent be represented by a Proxy? ___ Yes ___ No

If yes, name of full name of proxy _____

1301 Center Road, Venice, Florida 34292

941-497-2931

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Office Use Only:

Parents: Date of Baptismal Prep Class or N/A: _____

Class Facilitator: _____
Signature

Godmother: Letter of Eligibility Received? _____ Date: _____

Baptismal Prep Class attended/form received or N/A? _____ Date: _____

Godfather: Letter of Eligibility Received? _____ Date: _____

Baptismal Prep Class attended/form received or N/A? _____ Date: _____

Baptism Date: _____

Officiating Priest / Deacon: _____
Signature

Notification of Godparent(s) Sent to Home Parish(es) Yes____ Date Sent: _____

By: _____

Office Comments: _____