



# LITTLE FLOWER CATHOLIC CHURCH

1805 Pierce Street, Hollywood, FL 33020 | Phone: (954) 922-3517 | Fax: (954) 922-6634

## Baptism Registration Form

Date: \_\_\_\_\_

Office Use Only:

Date of Pre-Baptismal Class: \_\_\_\_\_

Both Parents Present: Yes \_\_\_\_ No \_\_\_\_

Registered in Parish: Yes \_\_\_\_ No \_\_\_\_

Baptism Schedule Date: \_\_\_\_\_

### INFORMATION OF THE CHILD (Please Print)

Child's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Place: \_\_\_\_\_  
City State Country (if not U. S.)

Address: \_\_\_\_\_  
City State Country (if not U. S.)

### PARENTS INFORMATION (Please Print)

Father's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last (Maiden): \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Marriage of Parents: Priest \_\_\_\_\_ Minister \_\_\_\_\_ Civil \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

### GODPARENTS INFORMATION (Please Print)

Godfather's Name: \_\_\_\_\_ Godmother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Parish of Registration: \_\_\_\_\_ Parish of Registration: \_\_\_\_\_

Proxy: \_\_\_\_\_

### BAPTISM INFORMATION

- Parents **must** be registered parishioners for at least **three months**.
- A copy of the child's **Birth Certificate** is required.
- Both parents & godparents **must** attend a Baptismal class. A Certificate of Completion is required.
- At least one Godparent **must** be a practicing Catholic.
- Godparents **must** present a **Sponsor Certificate** from their parish **before** the Baptism can be scheduled.

Priest / Deacon Signature: \_\_\_\_\_ Date: \_\_\_\_\_