

ST. ROSE OF LIMA CATHOLIC CHURCH

BAPTISM INFORMATION FORM

DATE OF BAPTISM	TIME
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Child's First Name	Middle Name	Child's Last Name
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Date of Birth	Place of Birth <i>City State County</i>	Sex Male _____ Female _____
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Address

City	State	Zip Code
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Home Phone #	Cell Phone #	Wk. Phone #
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PARENTS' INFORMATION

Father's	First Name	Middle Name	Last Name
	Date of Birth	Religion	

Mother's	First Name	Middle Name	Maiden Name
	Date of Birth	Religion	

Is your marriage recorded in a Catholic parish or diocesan center: YES / NO <i>(Please circle one)</i>	Are you a registered member of St. Rose of Lima? YES / NO <i>(Please circle one)</i>
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GODPARENT INFORMATION (Catholic, in good standing)

1st Godparent - First Name	Last Name
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2nd Godparent - First Name	Last Name
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If a godparent is not a registered member of St. Rose of Lima a letter from their parish stating he/she is in good standing in their parish and qualified to be a godparent is required in order to schedule the Baptism.	Proxy YES / NO <i>(Please circle one)</i>
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Have you attended a Baptism preparation class? YES / NO

Signature of Priest :

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Class Parents <input type="checkbox"/> Class Godparents
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Priest Signature who performed baptism	Date
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PARENTAL AGREEMENT FOR BAPTISM

I, _____, as the legal parent
(please print your full name)

or guardian of _____,
(please print child's full name)

agree that my child may receive the Sacrament of Baptism at the Catholic Church of St. Rose of Lima in Miami Shores, Florida.

Signed:

Witnessed by:

Date: _____

Address: _____

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