



BAPTISM INFORMATION FORM
ST. ROSE OF LIMA CATHOLIC CHURCH
 415 NE 105 Street, Miami Shores, FL 33138

(For Office Use)

Payment information
 Type of payment: _____
 Date: _____
 Amt: _____

DATE OF BAPTISM: _____ **Community** **Private**

TIME OF BAPTISM: _____ **Priest:** _____

Child's Name: First, Middle, Last _____

Date of Birth _____ Place of Birth: City, State, County _____ Sex: _____
 Male _____ Female _____

Home Address _____

Home Phone # _____ Cell Phone # _____ Work Phone# _____

PARENTS' INFORMATION

Father's Name: First, Middle, Last _____ Religion _____

Mother's Name: First, Middle, *Maiden Last* _____ Religion _____

Is your marriage recorded in a Catholic parish or diocesan center: Yes ___ No ___
 Are you a registered member of St. Rose of Lima: Yes ___ No ___

GODPARENT INFORMATION (Catholic, in good standing)

1st Godparent Name: First, Middle, Last _____

2nd Godparent Name: First, Middle, Last _____

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 ___

Have you attended a Baptism preparation class? Yes ___ Date _____ No ___

Signature of Priest: _____

Agreement Form: _____

Birth Certificate: _____

Baptismal Class: _____

Sponsor Form: _____