BAPTISM REGISTRATION FORM

CHURCH OF ST. THERESE, THE LITTLE FLOWER

800 University Ave West
Minot ND 58703 701-838-1520
LittleFlowerMinot@gmail.com

Today's Date_____ Proposed Date of Baptism_____

Name of Child: Last_____ Middle_____ First_____

Date of Birth: _____ Place of Birth:_____

☐ Male ☐ Female Is child adopted? ☐ Yes ☐ No Is child privately baptized? ☐Yes ☐ No

Residence:_____ City_____ State_____ Zip_____

Father's Name: First_____ Last_____ Religion_____

Father's phone #:_____

Father's email:_____

Mother's Name: First_____ Last_____ Religion_____

Mother's Maiden Name:_____

Mother's phone #:_____

Mother's email:_____

Church of Marriage:_____ Name of Officiant:_____

Date of Marriage:_____

Godfather:_____ Religion:_____

Godmother:_____ Religion:_____

Will either godparent be represented by a proxy? ☐ Yes ☐ No

If yes, Name of Proxy:_____

Office Use:

_____ Baptism Class Completed
_____ Certificate Completed
_____ Entered in Register
_____ Sponsor 1 Affidavit
_____ Sponsor 2 Affidavit