

BAPTISMAL REGISTRATION

Little Flower Parish, 800 University Avenue West, Minot, North Dakota

Contact: Fr. Ken Phillips, Pastor

Parish Office: 838-1520



Please Print

Today's Date: _____

Family Name: _____

Mother's complete maiden name: _____

Mother's religion: _____ Active in her religion? _____

Phone (work) _____ Place of work: _____

Father's complete name: _____

Father's religion: _____ Active in his religion? _____

Phone (work) _____ Place of work: _____

Married? _____ Where & When? _____

Home address: _____ Phone: home _____

His cell number: _____ Her cell number: _____

Registered at Little Flower? _____

If yes, do you regularly attend Sunday liturgy? _____

If yes, which liturgy do you attend? _____

If no, why not? _____

Full name of child to be Baptized: _____

Male or Female: _____
Date of birth: _____ Place of birth: _____
Was child adopted? ____ Privately Baptized? ____ First child? ____
Have you gone through Baptism preparation program before? ____
If yes, which parish? Little Flower? _____ Other? _____

Godparents:

Godmother's name: _____

Godmother's religion: _____

If Catholic, is she active and confirmed? _____

If yes, what parish? _____

(A letter from the Pastor is required unless from Minot)

Godfather's name: _____

Godfather's religion: _____

If Catholic, is he active and confirmed? _____

If yes, what parish? _____

(A letter from the Pastor is required unless from Minot)

Will either Godparent be represented by a proxy? _____

Name of proxy(ies): _____

Celebrant: _____

Date of Baptism: _____ Time: _____



Return to Parish Office once completed.