



# Our Lady of the Angels

Catholic Church • Lakewood Ranch, FL

## BAPTISMAL REGISTRATION INFORMATION

(Please PRINT Clearly)

Child's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

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

Father's Religion: \_\_\_\_\_ Father's Signature: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Last: \_\_\_\_\_ Maiden: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_

Were parents married by a Catholic priest? \_\_\_\_\_

Godfather's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Godfather's Religion: \_\_\_\_\_

Godmother's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Godmother's Religion: \_\_\_\_\_

Proxy Godparent(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

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### Office Use Only

Priest Meeting Date: \_\_\_\_\_

Date of Baptism: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

(Date is set by the parish office)