

BAPTISMAL REGISTRATION

Little Flower Parish, 800 University Avenue West, Minot, North Dakota 58703

Contact: Fr. Fred Harvey, Pastor ~ Parish Office & Fax Number 701-838-1520

Baptism Preparation: Deacon Hans & Julie Gayzur, 838-3638



Please Print

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 Married?* _____

Home Address: _____ *Phone(s)* _____

Registered at Little Flower? _____

If so, do you participate regularly at the Sunday liturgies? _____

If so, which liturgy do you attend? _____

If not, why not? _____

Full Name of Child to be Baptised: _____

Male or Female: _____

Date of Birth: _____ *Place of Birth:* _____

Was the Child Adopted? _____ *Privately Baptized?* _____ *First child?* _____

Have you gone through a 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: _____ *Mass Time:* _____

Pews to reserve: _____



Return to the Parish Office once completed.