

OUR LADY QUEEN OF PEACE REGISTRATION FOR BAPTISM
PHYSICAL ADDRESS: 145 MARTIN LUTHER KING JR. DRIVE LAFAYETTE, LA 70501
MAILING ADDRESS: P. O. Box 90740 LAFAYETTE, LA 70509-0740
Phone 337 - 233 - 1591 Fax 337 - 232 - 5961

PLEASE PRINT LEGIBLY

Child's Name _____
First Middle Last

Phonetic spelling of child's name _____ Female Male

Address _____
City State Zip Code

Home Phone _____ Cell _____

Child's Date of Birth _____

Location of Child's Birth _____

Was the child adopted? Yes No

OFFICE USE ONLY

Date of class attendance _____

Date of Baptism _____

Is Godparent represented by proxy? Yes No

If yes, name _____

Name of Priest / Deacon _____

Date Fee Paid _____

PARENT INFORMATION

Mother's Name _____

Maiden Name _____ Religion _____

___ single ___ married ___ divorced ___ widowed

(only for those who are Catholic and married)

Has your marriage been blessed by the Catholic Church? Yes No

If no, what are your intentions in this regard?

CHECK ALL THAT APPLY TO YOU.

___ Am a baptized catholic

___ Have received the sacrament of Confirmation.

___ Regularly attends Mass on Sunday and Holy Days of Obligation.

___ Try to live my life according to the teachings of the Catholic Church.

___ Am not living with anyone outside of marriage.

Are you a registered member of Our Lady Queen of Peace? Yes No

If not, what church parish do you belong to? _____

Father's Name _____

Religion _____ ___ single ___ married ___ divorced ___ widowed

(only for those who are Catholic and married)

Has your marriage been blessed by the Catholic Church? Yes No

If no, what are your intentions in this regard?

CHECK ALL THAT APPLY TO YOU.

___ Am a baptized catholic

___ Have received the sacrament of Confirmation.

___ Regularly attends Mass on Sunday and Holy Days of Obligation.

___ Try to live my life according to the teachings of the Catholic Church.

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Are you a registered member of Our Lady Queen of Peace? Yes No

If not, what church parish do you belong to? _____

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Godparent Eligibility Statement

I, _____, have been asked and graciously accept to be a
Print000
Godparent for _____.

CHECK ALL THAT APPLY TO YOU

____ Received the sacrament of Confirmation at _____
Name of Church

____ Regularly attends Mass on Sunday and Holy Days of Obligation

____ Try to live my life according to the teachings of the Catholic Church

____ Not living with anyone outside of marriage

____ An active member of: _____
Church Affiliation

I am ____ single ____ married ____ divorced ____ widowed

(only for those who are Catholic and married)

____ *Am in a marriage that has been blessed by the Catholic Church.*

Signature _____

Contact Phone Number _____

ONLY FOR CATHOLICS *(to be filled out by the church where you were confirmed)*

Name of Catholic Church _____

Parish Telephone # _____

I, _____ *(name and position),*

verify that _____ received the sacrament of

Confirmation on _____ *(date).*

Please affix parish seal here:

DATE _____ 02/10/2011