



Blessed Trinity
Catholic Church

- Bring Christ to All and All to Christ -

Blessed Trinity Catholic Church

4020 Curtiss Parkway * Virginia Gardens, FL 33166

305-871-5780

Baptism Registration Form

Date _____

Time _____

Language _____

Child's Name _____

Date of Birth _____ Place of Birth _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Contact Phone #s _____ # _____

Residence _____

Are Parents Married in the Catholic Church ____

Name of Parish Parents are registered at _____

Permission Letter if not BTCC _____

Sponsor's (Godfather) Name _____

Registered Parish _____ Sponsor Cert. if not BTCC ____

Sponsor's (Godmother) Name _____

Registered Parish _____ Sponsor Cert. if not BTCC ____

Name of Proxy if applicable _____

Father - Attended Class - Yes ___ No ___ Date _____ Where _____

Mother - Attended Class - Yes ___ No ___ Date _____ Where _____

Godfather - Attended Class - Yes ___ No ___ Date _____ Where _____

Godmother - Attended Class - Yes ___ No ___ Date _____ Where _____

Copy of Birth Certificate attached _____

Was child adopted _____

*If Applicable - Notarized parent permission letter filed: _____

I hereby give consent to baptizing my child _____ in the Catholic Church. _____ (father) _____ (mother)

Name of Priest/ Deacon: _____ Date: _____

Suggested Donation \$75.00 _____

Form of payment _____

- Book # _____ Rec # _____ Page # _____
- Update PDS
- Schedule Mass Post _____
- Add to Masses book
- Send letter to family