

INFORMATION FOR BAPTISM

Date of your first contact with parish: _____

NOTE: PLEASE CHOOSE A DATE OF YOUR CHOICE ON A SUNDAY & MARK IT ON THIS FORM. THE PARISH OFFICE WILL CONTACT YOU TO CONFIRM THE BAPTISM 1 WEEK AFTER THE COMPLETED FORM IS RECEIVED

PLEASE PRINT CLEARLY & USE FULL NAME: E.G.: DAVID NOT DAVE

CHILD'S FULL NAME: _____
First Name Middle Name/s Last Name

DATE OF BIRTH: _____ CITY OF BIRTH _____
M/D/Y

FATHER'S FULL NAME _____ RELIGION/RITE* _____
First Name Middle Name/s Last Name

MOTHER'S FULL NAME _____ RELIGION/RITE* _____
First Name Middle Name/s Maiden Name

*Please indicate if you are a member of an Eastern Rite of the Catholic Church e.g. Ukrainian Catholic, Maronite etc.

ADDRESS/POSTAL CODE/CITY _____

TELEPHONE _____ EMAIL: _____

WERE YOU MARRIED IN CATHOLIC CHURCH? _____

NAME OF THE CHURCH YOU WERE MARRIED IN _____

WHAT PARISH DO YOU BELONG TO? _____

ARE YOU REGISTERED IN THAT PARISH? _____

GODPARENTS

NOTE: A child to be Baptized needs at least one Godparent. Before choosing Godparents, we ask you to keep in mind the following guidelines; Godparents must be CATHOLIC and have received the Sacraments of Baptism, Eucharist and Confirmation themselves. They MUST be practicing Catholics going to church regularly and living a good moral life. A non-Catholic cannot be a godparent, but may act as a Christian witness, as long as he/she is a baptized and practicing Christian.

GODFATHER: _____ RELIGION _____

ATTENDSCHURCH AT: _____ CITY _____

GODMOTHER: _____ RELIGION _____

ATTENDSCHURCH AT: _____ CITY _____

MARK IN REQUESTED DATE OF BAPTISM: _____

MARK A "YES", IF YOU HAVE ATTENDED THE BAPTISM PREP. CLASS W OTHER CHILD: _____

FOR OFFICE / FACILITATOR USE ONLY

DATE BAPTISM PREPARATION COURSE HAS BEEN TAKEN: _____

COMMENTS: _____

CELEBRANT: _____