

ST. FRANCIS OF ASSISI CHURCH
BAPTISM REGISTRATION FORM

Parish Reg. #

Child's Name: _____
(Surname) (First) (Middle)

Birthdate & Place: _____
(Month) (Day) (Year) (City/Province/ Country)

Father's Name: _____
(Surname) (First) (Middle) (Religion)

Mother's Name: _____
(Maiden Name) (First) (Middle) (Religion)

Home Address: _____
(Street & Number) (City)

(Province/Country) (Postal Code) (Telephone)

Email Address: _____

Mass you currently attend at St. Francis of Assisi church: ___ 5PM ___ 9AM ___ 11AM

Marital Status: Single ___ Married ___ Divorced ___
(check one) Separated ___ Widowed ___ Common Law ___

Place of Marriage: _____
(Name of Location) (City/Province) (Date)

If you have other children, please list their names and ages: _____

GODPARENTS: (One must be a practicing, Confirmed Roman Catholic, and the other should be of a Christian faith so that they can make baptismal promises for the child.)

GODFATHER

Name: _____
Religion: _____
Church: _____

GODMOTHER

Name: _____
Religion: _____
Church: _____

OFFICE USE ONLY:

Date of Baptism Meeting: _____ Time: _____

Date of Baptism: _____
(Month) (Day) (Year) (Time)

Baptism administered by: _____