



REQUEST FOR BAPTISM OF A CHILD

Please complete this form and contact Father Jeff at the office, [905-821- 2752](tel:905-821-2752) to arrange a meeting to discuss a date for the Baptism.

Family Name of Child: _____

Given Names of Child: _____

Birth Date and Place of Birth: _____

Parent's Full Name: _____

Other Parent's Full Name: _____

If any Parent has gone by a different Surname, please describe (i.e. Maiden name):

Family Address: _____

Telephone Numbers: Parent-Home: _____ Other Parent-Home: _____

Parent-Work: _____ Other Parent-Work: _____

Date and Place of Parent's Baptism: _____ Confirmed? Y/N

Date and Place of Other Parent's Baptism: _____ Confirmed? Y/N

Godparents: 1. _____ Date/Place
Of Baptism: _____

Godparents: 2. _____ Date/Place
Of Baptism: _____

Godparents: 3. _____ Date/Place
Of Baptism: _____

Parish Sponsor: _____