

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: (Godparents must be practicing, Confirmed, Roman Catholics over the age of 16, although a baptized person from another Christian denomination may be a Christian Witness in addition to one Catholic Godparent.)

GODFATHER

Name: _____
Phone: _____
Religion: _____
Church: _____

GODMOTHER

Name: _____
Phone: _____
Religion: _____
Church: _____

OFFICE USE ONLY:

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

Baptism administered by: _____