

Baptism



BAPTISMAL PROCESS REGISTRATION

St. John the Evangelist Parish

St. Bernardine of Siena

c/o Box 510, Strn Main, 255 Church Street, Garson, Ontario, P3L 1S6
Phone (705) 693-2032 Fax (705) 693-9725 E-mail: stjohngarson@gmail.com

Congratulations on the birth of your child. Please return this form and return A.S.A.P.

PLEASE PRINT

YOUR CHILD'S INFORMATION:

PRINT CLEARLY - This must match what was officially registered at the time of your child's birth.

Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____
Month Day Year city

PARENT INFORMATION:

Father _____ Religion _____
(Last) (First) (Middle)

Mother: _____ Religion _____
(Maiden) (First) (Middle)

Address _____
(Street) (Postal Box) (City)

Phone _____ E-mail: _____

Present Parish _____ Envelope Number _____

Parental Status: _____ Married in the Catholic Church _____ Married in an other denomination
_____ Married by Civil Authority _____ Common Law Relationship
_____ Single parent

GODPARENT INFORMATION

Only one Catholic Godparent is needed. However, if you wish you may choose a Godfather and Godmother.

Godfather _____ Religion _____
(Last) (First) (Middle)

Present Parish _____ City _____

Godmother _____ Religion _____
(Last) (First) (Middle)

Present Parish _____ City _____

OFFICE USE ONLY

1 - Preparation Date _____ 2 - Date of Baptism _____

3 - Minister of Baptism _____ 4 - Registered by _____