 Baptism Registration Form

Please print clearly.

**Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 First Middle Last

**Male/Female:\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date of Birth** - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Birth** – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other *(name of hospital and city)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this your first child?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Have you had other children Baptized?** Yes \_\_\_\_ No \_\_\_\_

**Mother’s full Name (maiden)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Religion:\_\_\_\_\_**\_

**Father’s full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion:** \_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Code:** S\_\_\_\_\_\_\_\_\_ **Home phone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neighborhood where you live:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell phone number: \_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Church of Marriage**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you registered at SPN Parish?** Yes \_\_\_\_\_\_\_\_\_ No\_\_\_\_\_

**\*\*If not registered here, what is the name of present parish?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Godparent’s Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(practicing Catholic)**

**Godparent’s Full Name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(practicing Catholic)**

**Preparation Dates: (parents only, without children, please) Celebration**

 ***Please indicate your choice of dates with an* X.**

 **\_\_\_\_\_\_ Sat. Oct. 25th 1:30 – 3:00 Sun. Oct. 26th at 11:30**

 **\_\_\_\_\_\_ Sat. Nov. 29th 1:30 - 3:00 Sun. Nov. 30th at 11:30**

**Please return the completed form to Sr. Cindy at** **pastoralassociate2@stphilipneriparish.ca**

 **or the parish office. Thank you!**