



REGISTRATION FOR BAPTISM

SACRED HEART CHURCH

1307 – 14th Street SW, Calgary, Alberta T3C 1C6
Telephone: 403-244-2741 Fax 403-244-1446
Email: secretaries@sacredheartcalgary.ca

CHILD'S NAME: _____
(surname) (first name)

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____
Month Day Year

Is this your first child? Yes _____ No _____ Parishioner? Yes _____ No _____

FATHER'S NAME: _____
(surname) (first name) (religion)

MOTHER'S NAME: _____
(maiden name) (first name) (religion)

ADDRESS: _____

POSTAL CODE: _____ **PHONE NO:** _____
(father's) (mother's)

MARRIED IN CHURCH: _____ **CITY/TOWN:** _____

MARRIED (other): _____ **CITY/TOWN:** _____

GODFATHER: _____
(has to be catholic) (surname) (first name) (religion)

GODMOTHER: _____
(has to be catholic) (surname) (first name) (religion)

PROXY (if required): _____

INTERVIEW DATE WITH PASTOR: _____

DATE OF BAPTISM PREPARATION COURSE: _____

DATE OF BAPTISM: _____ **TIME:** _____

OFFICIATING PRIEST: _____

I the parent of this child, am practicing my Catholic faith weekly and in daily life and will raise this child in the practice of the Roman Catholic religion, especially the weekly celebration of the Eucharist, the other sacraments, the scriptures and prayers.

I the parent of this child, promise to support my spouse in raising this child in the practice of the Roman Catholic Religion.

Signature of Father

Signature of Mother

REMARKS: Please attached Child's Birth Certificate