



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

Please Print:

CHILD'S NAME:

_____ (last name)

_____ (first name)

DATE OF BIRTH:

_____ Month _____ Day _____ Year

PLACE OF BIRTH:

Is this your first child?

Yes _____ No _____

Parishioner? Yes _____ No _____

FATHER'S NAME:

_____ (last name)

_____ (first name)

_____ (religion)

MOTHER'S NAME:

_____ (maiden name)

_____ (first name)

_____ (religion)

EMAIL ADDRESS:

MAILING ADDRESS:

POSTAL CODE:

PHONE NO:

(father's)

(mother's)

MARRIED IN CHURCH:

CITY/TOWN:

MARRIED (other):

CITY/TOWN:

GODFATHER:

(has to be catholic)

_____ (last name)

_____ (first name)

_____ (religion)

GODMOTHER:

(has to be catholic)

_____ (last name)

_____ (first name)

_____ (religion)

PROXY (if required):

INTERVIEW DATE WITH PASTOR:

DATE OF BAPTISM PREPARATION COURSE:

DATE OF BAPTISM:

TIME:

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

Please attached Child's Birth Certificate

Notes: _____

