



# REGISTRATION FOR **BAPTISM**

## SACRED HEART CHURCH

1307 – 14<sup>th</sup> Street SW. Calgary, Alberta T3C 1C6

Telephone: 403-244-2741 Fax 403-244-1446

Email: [secretaries@sacredheartcalgary.ca](mailto:secretaries@sacredheartcalgary.ca)

**Please Print**

**CHILD'S NAME:** \_\_\_\_\_  
(last name) (first name)

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_  
Month Day Year

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_