SACRED HEART

ROMAN CATHOLIC CHURCH | CALGARY

2020 BAPTISM REGISTRATION FORM

NOTES:

CHILD AND FAMILY INFORMATION

CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____ DATE OF BIRTH: MONTH / DAY / YEAR ____/____/____

CHILD'S CITY AND COUNTRY OF BIRTH _____

IS THIS YOUR FIRST CHILD? ☐ YES ☐ NO

ARE YOU A REGISTERED PARISHIONER? ☐ YES ☐ NO

FATHER'S FIRST AND LAST NAME _____ RELIGION _____

MOTHER'S FIRST AND MAIDEN NAME _____ RELIGION _____

HOME PHONE _____ CELL PHONE (FATHER'S, MOTHER'S) _____ , _____

MAILING ADDRESS _____ POSTAL CODE _____

PARENTS' MARITAL STATUS

☐ CIVIL MARRIAGE	☐ CATHOLIC CHURCH MARRIAGE	☐ _____ OTHER
CATHOLIC CHURCH OF MARRIAGE (FULL NAME)		

CITY		COUNTRY	

CHILD AND FAMILY INFORMATION

GODFATHER'S FIRST AND LAST NAME _____ RELIGION _____

GODMOTHER'S FIRST AND LAST NAME _____ RELIGION _____

PROXY'S FIRST AND LAST NAME (only if required) _____ _____

INTERVIEW DATE WITH PASTOR: MM/DD/YYYY ____/____/____

DATE OF BAPTISM PREP COURSE: MM/DD/YYYY ____/____/____

DATE OF BAPTISM: MM/DD/YYYY ____/____/____

BAPTISM INFORMATION

I, the parent of this child, am practicing my Catholic faith weekly and in my 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 the prayers. I promise to support my spouse in doing so.

FATHER'S SIGNATURE _____ MOTHER'S SIGNATURE _____

PLEASE ATTACH CHILD' BIRTH CERTIFICATE