

For office use only

Possible Date of Baptism: _____

SACRED HEART PARISH MARYSTOWN, NL BAPTISM INFORMATION FORM



Please Note: At Least one Godparent must be a practicing Catholic (that is; attending Mass and the Sacraments faithfully). You have to provide the Parish with a copy of your Baby's Birth Certificate.

CHILD'S NAME: _____

PLACE OF BIRTH
TOWN/CITY: _____

DATE OF BIRTH: _____
Day Month Year

FATHER'S NAME: _____

MOTHER'S NAME: _____
(Maiden)

FULL ADDRESS: _____
(Box Number and Street Name)

Town/City Province Postal Code Phone No.

GODMOTHER: _____

GODFATHER: _____

WAS THE CHILD BAPTIZED BEFORE: YES () NO ()

IF SO, BY WHOM: _____

BAPTIZED ON: _____
Day Month Year

Baptism Preparation attended by: DATE: _____

