

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: \_\_\_\_\_

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