

Baptism

Parish Information Form
For Infants and Children

St. Patrick's



Cathedral

Family Name _____

Date of Initial Interview _____

Interviewed by _____

Instruction Date: _____

Baptism: _____

Date: _____

Time: _____

Celebrant: _____

PLEASE PRINT!

Name of Candidate _____

Birth Information _____

Month/Day/Year

Date of Birth

Birth City/Town

Birth Province

Home Address _____

City/Town

Province

Postal Code

Phone Numbers _____

Home Telephone #

Other/Cell

Email Address: _____

Father _____

Full Name

Religion

Mother _____

Full Maiden Name

Religion

Family Parish _____

Territorial

(Attendance)

Marriage _____

Date

Church/Place

Baptism Sponsors _____

(please note that at least one Godparent must be a practicing Roman Catholic)

Attended Preparation Class: _____

or

One Parent to Initial:

Information is Correct _____

Please note Corrections _____