

Registration for Baptism

Child's Information	
Child's Name	
Date of Birth	
Place of Birth	
Birth Place in Family	

Godparent's Information			
Godmother's Name			
Religion	Practising	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parish			
Godfather's Name			
Religion	Practising	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parish			

Family Information			
Father's Name			
Mailing Address Street, City, Postal Code			
Home Phone	Cell Phone		
Email			
Father's Religion	Practising	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parish			
Mother's Name	Maiden Name		
Mother's Mailing Address (if different from above)			
Home Phone	Cell Phone		
Email			
Mother's Religion	Practising	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parish			

ACTION - For Office Use Only		
Information Night		
Celebrant		
Date of Baptism		
<input type="checkbox"/> Copy to Celebrant	<input type="checkbox"/> Entered DDMS	<input type="checkbox"/> Inform Joan Megill (jeni.b@sympatico.ca)
<input type="checkbox"/> Certificate Printed	<input type="checkbox"/> Entered Parish Registry	<input type="checkbox"/> Inform Sacristan