St. John the Evangelist Catholic Parish Office
11138 Hidden Valley Drive N.W.
Calgary, Alberta T3A 5Z6
Telephone: 403-275-6500
Fax: 430-275-6507

Baptism Registration Form

Child Name:_____
First Middle Last

Name used:_____ Gender:_____

Place of Birth:_____ Date of Birth:_____

Home Telephone Number:_____

Home Email Address:_____

Mailing Address:_____
Street Address City/Province Postal Code

Birth Father's Name:_____ Religion:_____

Birth Mother's Name:_____ Religion:_____

Mother's Maiden Name:_____

Place of Marriage:_____

Church Address:_____
Street Address City/Province Postal Code

Name of Godfather:_____ Religion:_____

Name of Godmother:_____ Religion:_____

Please attach a copy of the following:

Child's Birth Certificate_____ $25.00 Registration Fee_____

For Office Use ONLY:

Baptism Preparation Date:_____ Completed:_____

Meeting with Pastor:_____ Completed:_____

Baptism Ceremony Date:_____ Certificate Printed:_____
(A Ceremony Date is NOT set until it is confirmed with the Office)