ST. JOHN THE EVANGELIST
CATHOLIC PARISH
REGISTRATION FOR INFANT BAPTISM

For application by a parent for infant baptism. Please complete this form, attach a copy of your Child's - Birth Certificate, Copy of Parent's Baptismal Certificate(s) and return to the office. A separate application for Gaurdians or Foster Parent's (if applicable) must be completed. Please contact the office. Thank You.

Child: _____ _____
(First Name) (Middle Name) (Surname) M/F

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(Day/Month/Year) (City) (Prov.)

FATHER'S NAME: _____
(First Name) (Middle Name) (Surname)

Legal Gaurdian: Y / N (please circle) FATHER'S RELIGION: _____

MOTHER'S NAME: _____
(First Name) (Middle Name) **(Surname)** **(Maiden Name)**

Legal Gaurdian: Y / N (please circle) MOTHER'S RELIGION: _____

ADDRESS: _____
(Street Address) (City, Province) (Postal Code)

PHONE NUMBER: _____ EMAIL: _____

CHURCH WHERE YOU WERE MARRIED: _____

CITY WHERE YOU WERE MARRIED: _____

CURRENT MARITAL STATUS: ☐ Married ☐ Separated ☐ Divorced ☐ Common-Law ☐ Single

GODFATHER: _____RELIGION_____

GODMOTHER: _____RELIGION_____

BAPTISM DATE: _____ TIME: _____

For Office Use Only: BIRTH CERTIFICATE: ___

BAPTISMAL PREPARATION COURSE COMPLETED: _____
(DATE)

POSTED: ___ CERTIFICATE: ___ BULLETIN ANNOUNCEMENT: ___ RECORDED: ___

FOLLOW UP LETTER: _____
(DATE)

(Blue)