

Roman Catholic Baptism Information Form – Appendix 614C
Royal Alexandra Hospital

PLEASE PRINT CLEARLY – CORRECT SPELLING OF NAMES IS MOST IMPORTANT

CHILD'S NAME: (surname) _____ (given names) _____

SEX: M F

DATE OF BIRTH OF CHILD: _____ **PLACE:** _____

MOTHER'S NAME: (maiden name) _____ (given names) _____

FATHER'S NAME: (surname) _____ (given names) _____

PARENTS' NAME & ADDRESS WHERE THE BAPTISM CERTIFICATE IS TO BE MAILED:

CITY/TOWN: _____ **POSTAL CODE:** _____ **PHONE:** _____

DATE OF BAPTISM: _____ **BAPTIZED BY:** _____
(dd/mmm/yy) (Print Name)

(Signature)

CONFIRMATION: Y N If Yes, _____
Date (dd/mmm/yy) Name of Priest

We consent to the Baptism of the above-named child:

Signature (Mother)

Signature (Father)

Print Name

Print Name

Please ensure that a sponsor(s) is (are) chosen, even if it is after the Baptism.

SPONSOR(S): _____

PROXY(S): _____

Comments or Notes (If Any): _____

PLEASE RETURN THIS FORM TO ST. ANDREW PARISH, EDMONTON, FOR REGISTRATION OF BAPTISM IN THE BAPTISM REGISTER AND FOR A BAPTISM CERTIFICATE TO BE ISSUED:

St. Andrew Parish
12810 – 111 Avenue
Edmonton, AB T5M 2N7 or Fax : 780-454-8545



The Catholic
Archdiocese
of Edmonton