

Roman Catholic Baptism Information Form – Appendix 614D
University of Alberta Hospital / Stollery Children’s 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: _____
(dd/mmm/yy)

CONFIRMATION: Y N If Yes, Date & Name of Priest: _____

BAPTIZED BY (Signature): _____
(Print Name): _____

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. ANTHONY PARISH FOR REGISTRATION OF BAPTISM IN THE BAPTISM REGISTER AND FOR A BAPTISM CERTIFICATE TO BE ISSUED:

St. Anthony Parish
10661 – 82 Avenue N.W.
Edmonton, AB T6E 2A6 or Fax: 780-434-4969

