

OFFICE USE ONLY

Approved Date & Time: _____ Celebrant: _____

Child

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (M/D/Y) _____ Sex: F M

Place of Birth: _____ Adopted: Yes No

Mother

First Name: _____ Middle Name: _____ Last Name: _____

Religion: _____ Regularly Practice: YES NO

Father

First Name: _____ Middle Name: _____ Last Name: _____

Religion: _____ Regularly Practice: YES NO

Name of Catholic Parish where Married: _____

If not married in the Church, where were you married? _____

Mailing Address

Address: _____ City: _____

Prov: _____ Postal Code: _____

Phone: _____ Cell: _____

Baptism Course

Course Taken YES NO

Date Taken: _____ Lead by: _____

Location: _____