

ST. AUGUSTINE'S CHURCH

Baptismal Registration Form

Date of Baptism _____

First Choice _____ **Second Choice** _____

Family Name _____

Home Address _____

City _____ **Prov** _____ **Postal Code** _____

Phone Number _____ **cell** _____

E-mail address _____

Child to be baptized:

Name of Child – Last Name _____
First _____ **Middle** _____

Date of Birth _____

Place of Birth City _____ **Prov.** _____

Parents Information:

Surname **Mother** _____ **Father** _____

Mothers Maiden Name _____

First Names **Mother** _____ **Father** _____

Religion **Mother** _____ **Father** _____

Marital Status **Married** _____ **Single** _____ **Common Law**

Baptism **Mother** Y__ N__ **Church** _____ **Prov** _____

Father Y__ N__ **Church** _____ **Prov** _____

Mother First Comm. _____ **Confirmation** _____

Father First Comm. _____ **Confirmation** _____

Godparents: The Godparent must be Roman Catholic, if one godparent is not catholic they will only sign as a witness

Surname **Godfather** _____ **Godmother** _____

First Name **Godfather** _____ **Godmother** _____

Religion **Godfather** _____ **Godmother** _____

Sacraments:

Godfather,- **Baptism** Y__ N__ **Church** _____
City _____ **Prov.** _____

First Communion Y__ N__ **Confirmation** Y__ N__

Godmother- **Baptism** Y__ N__ **Church** _____
City _____ **Prov.** _____

First Communion Y__ N__ **Confirmation** Y__ N__



Date of
Application _____

Baptismal Prep. Date _____

Registered in Parish **Yes** _____ **No** _____