


ST. JOHN *the* BAPTIST CATHOLIC PARISH

St. John the Baptist Catholic Parish
38 Wilson Street East
Perth, ON K7H 1L6
Phone (613) 267-1043

BAPTISM REGISTRATION

*For an infant or child under 7 years
(Record all names as recorded on birth certificate)*

Full Name of Child: _____

Date of Birth: _____

Place of Birth: _____

Child's Gender: _____

Has this child been baptized in another Church? If yes, list name and place:

Father's Name: _____

Religious Denomination: _____ Baptized: _____

Mother's Name (Maiden): _____

Religious Denomination: _____ Baptized: _____

Marital Status of Parents: Catholic Marriage ___ Civil Marriage ___ Separated ___ Divorced ___

Common Law ___ Single Parent ___ Father Remarried ___ Mother Remarried ___

Physical Address: _____ Postal Code: _____

Phone (Home) _____ Email: _____

Church and Place of Marriage _____

Church Attendance: Regular ___ Occasional ___ Seldom ___ Never ___

Full Name & Religious Denomination of **Godfather** _____

Full Name & Religious Denomination of **Godmother** _____

Free Will Donation: _____

Date and Time of Baptism: _____

Declaration and Signature of Parent

I certify that I am a legal guardian of this child, the information I have given is true and that I am freely seeking the Sacrament of Baptism in the Roman Catholic Church for my child.

Signature: _____