St. John the Baptist Catholic Parish | 38 Wilson Street East || Perth, ON K7H 1L6 || (613) 267-1043 || stjohn.perth@archkingston.ca

## **BAPTISM REGISTRATION**

For an infant or child under 7 years

FULL Legal Name of Child:			
Date of Birth:			
Place of Birth (City, Province, Country):  Child's Gender:  Has this child been baptized in another Church? If yes, list name and place:			
		FULL Legal Name of Father:	
		Religious Denomination (Catholic, or):	Baptized (Catholic, or):
FULL Legal Name of Mother (Maiden):			
Religious Denomination (Catholic, or):	Baptized (Catholic, or):		
Maritial Status of Parents: Catholic Marriage Civil M	1arriage Seperated Divorced		
Common Law Single Parent Father Remarried N	Mother Remarried		
Mailing Address:	Postal Code:		
Phone (Home/Cell): E	mail:		
Church and Place of Marriage			
Church Attendance: Regular Occasional Seldom Never			
***Note: At least ONE Godparent must be baptized C	Catholic, and they must provide their baptismal certificate.		
FULL Legal Name & Religious Denomination of Godfat	her		
FULL Legal Name & Religious Denomination of Godmother			
***Note: Baptisms are celebrated on the first & last \$	Sunday of each month, after the 11am Mass.		
Preferred Date of Baptism:			
Free Will Donation:			
Declaration and Signatu	re of Parent/Legal Guardian		
	formation I have given is true and that I am freely seeking Roman Catholic Church for my child.		
Signature (Parent & Legal Guardian):			

OR Signature (Legal Guardian): \_