

# Baptism

St. Mary's and the Missions  
554-15th Street East  
Owen Sound, ON N4K 1X3

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Given Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Surname: \_\_\_\_\_

Mother's Given Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Marriage: Church \_\_\_\_\_ Place: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Godmother: \_\_\_\_\_ Religion: \_\_\_\_\_

Godfather: \_\_\_\_\_ Religion: \_\_\_\_\_

Other Children	Birth (year)	Bapt.	Comm.	Conf.
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Appointment with Priest: \_\_\_\_\_ (date) \_\_\_\_\_

Date of Baptism Prep: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_