Date of Baptism: _____ **Church of Baptism:** _____

BAPTISM REQUEST FORM

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

Please Print Clearly

Child's Full Legal Name _____

Date of Birth: _____ Place of Birth: _____

Father's Given Name: _____ Father's Surname: _____

Baptized Religion of Father: □ Catholic □ Christian □ Not Baptized. Rite or Denomination:_____

Mother's Given Name: _____ Mother's Maiden name: _____

Baptized Religion of Mother: □ Catholic □ Christian □ Not Baptized. Rite or Denomination:_____

Marriage: Location (church or other) _____ Date:_____

Home Address: _____

Telephone # _____ Email: _____

Godfather: _____ Religion: □ Catholic □ Christian, Rite/Denom.:_____

Godmother:_____ Religion: □ Catholic □ Christian, Rite/Denom.:_____
(At least one godparent must be Catholic who is confirmed and practicing their faith.)

Other Children: Birth (year): Bapt. Comm. Conf.

_____

_____

_____