

**STS. PETER AND PAUL PARISH**

4070 Central Parkway East, Miss., ON L4Z 1T6. Tel: 905 273 6630. Fax: 905 273 5306. Email: [office@peterandpaul.church](mailto:office@peterandpaul.church)

**APPLICATION FOR BAPTISM**

Date Today: \_\_\_\_\_

**CHILD'S INFORMATION**

1<sup>st</sup> Child: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_

3<sup>rd</sup> Child: \_\_\_\_\_

4<sup>th</sup> Child: \_\_\_\_\_

Surname

First name

Middle

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Birth Certificate: Yes \_\_\_ No \_\_\_ Has the child been baptized? Yes \_\_\_ No \_\_\_

**PARENTS' INFORMATION**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
(If applicable) Surname First name Maiden name First name

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

Baptized: Yes \_\_\_ No \_\_\_ (with Baptism Cert.: Yes \_\_\_ No \_\_\_) Baptized: Yes \_\_\_ No \_\_\_ (with Baptism Cert.: Yes \_\_\_ No \_\_\_)

Married: Yes \_\_\_ No \_\_\_ Indicate place, if yes \_\_\_\_\_

Home Address: \_\_\_\_\_ Unit No.: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ His Cell: \_\_\_\_\_ Her Cell: \_\_\_\_\_

Are you registered at Sts. Peter and Paul Parish? Yes \_\_\_ No \_\_\_ Env. No.: \_\_\_\_\_

Email Address \_\_\_\_\_

**GODPARENT/S and/or CHRISTIAN WITNESS**

(Canon Law 874.11. Must be a Roman Catholic who has received BAPTISM, CONFIRMATION & EUCHARIST, is a practicing Catholic attending Mass and must at least be sixteen years of age. If you choose to have 2 godparents, they must be a man and woman: not two men or two women)

Name of: **Godfather** \_\_\_ or **Christian Witness** \_\_\_ (w/ Baptism Cert.: Yes \_\_\_ No \_\_\_)

Surname

First name

Middle name

Baptized: Yes \_\_\_ No \_\_\_ Religion: \_\_\_\_\_ Confirmed: Yes \_\_\_ No \_\_\_ Over 16 yrs: Yes \_\_\_ No \_\_\_

Name of: **Godmother** \_\_\_ or **Christian Witness** \_\_\_ (w/ Baptism Cert.: Yes \_\_\_ No \_\_\_)

Surname

First name

Middle name

Baptized: Yes \_\_\_ No \_\_\_ Religion: \_\_\_\_\_ Confirmed: Yes \_\_\_ No \_\_\_ Over 16 yrs: Yes \_\_\_ No \_\_\_

**BAPTISM CLASS DATES CHOSEN:**

Class #1: \_\_\_\_\_ Class# 2: \_\_\_\_\_ Class# 3: \_\_\_\_\_

**BAPTISM DATE:** (To be confirmed by office when all requirements are done)

**BAPTISM DATE CHOSEN:** \_\_\_\_\_

Requested by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Baptism Class: \$100.00 paid on .....

Baptism Offering: Paid on .....

Baptism Date confirmed on: .....