

# Sts. Peter and Paul Catholic Church

4070 Central Parkway East, Mississauga, ON. L4Z 1T6 Tel: 905-273-6630 Fax: 905-273-5306  
Email: office@peterandpaul.church

## **Proof of Practice of Faith of Parents**

**(Must be signed by the Pastor of the church you are registered in.)**

### **Full Name of Child to be Baptized**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### **Father's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Present Parish: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Pastor (Present Parish)

Seal of Present Parish

### **Mother's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Present Parish: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Pastor (Present Parish)

Seal of Present Parish

### **FOR OFFICE USE ONLY**

Baptism Certificate Father: \_\_\_\_ Mother: \_\_\_\_ Proof of Practice Father: \_\_\_\_ Mother: \_\_\_\_