ST. WILFRID'S CATHOLIC CHURCH

Baptismal Information Form

Sex of Child:_____M_____F Parish Registration/Envelope #_____

Child's Full Name_____
First Middle Last (Surname)

Date of Birth:_____City of Birth:_____

Father's Name:_____
First Middle Last (Surname)

Mother's Name_____
First Middle (Maiden Name)

Father's Religion:_____Mother's Religion:_____

Address:_____Postal Code:_____

Telephone #:_____Cell #:_____

Place of Marriage:_____

Name & Address of Church_____

Godfather's Name_____Religion:_____

Godfather's Confirmation details:Date_____Church_____

Godmother's Name_____Religion:_____

Godmother's Confirmation details: Date_____Church:_____

*(Christian Witness:_____(Denomination_____)

Please note: You must have at least one Catholic person as a godparent. You may have two godparents, in which case one must be male and the other female.
*If you have two godparents, a Christian witness is not required. If you have a Christian witness please contact the office.

I have enclosed the following forms:
[ ] Mother and/or Father's Baptismal Certificates
[ ] Godparent(s) Confirmation Certificates
[ ] Christian Witness' Baptismal Certificate
I have read and understood the instructions and supplied all the information required.

Parent/Guardian Signature_____Date_____

Office Use Only
Date of Baptism Class Attended:_____Date of Baptism:_____