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St. Peter and the Missions

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OFFICE USE ONLY	
Form Received	
BAPTISM	
Entr'd in Register	

BAPTISM APPLICATION FORM

This form is to be completed by all parents wishing to have their child baptized at St. Peter and the Mission Churches. The date and time of your child's baptism will be confirmed by the office.

Please return this completed form to the parish office at least 6 weeks before the proposed date of baptism.

CHILD'S FULL NAME: _____
first name
middle name(s)
family name

PLACE OF BIRTH: _____ **DATE OF BIRTH:** Month: _____ Day: _____ Year: _____
city / province

ADDRESS: _____ **APT./UNIT #:** _____

CITY: _____ **POSTAL CODE:** _____ **PHONE #:** _____

FATHER'S FULL NAME: _____ **RELIGION:** _____

Address: _____

E-Mail: _____

MOTHER'S FULL NAME (include your **family name** at birth): _____ **RELIGION** _____

Address: _____

E-Mail: _____

PLACE OF MARRIAGE
(name of church, location, denomination): _____

I / WE ATTEND CHURCH AT: _____ **Are you registered members?** YES ___ NO ___

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I/We wish to have our child baptized at St. Peter and the Missions Catholic Church because _____

To have a child baptized, parents have to promise to raise their child in the Catholic faith. How will you fulfil that promise? _____

I/We prefer the Baptism to take place in: Jan, Feb, March, Apr, May, June, July, Aug. Sep, Oct, Nov, Dec

(please circle your preference, and the parish office will contact you to set a date and time)

Church law requires at least one godparent to be chosen for Baptism. To be a Godparent one must be a Roman Catholic who has already received the sacraments of Baptism, Confirmation and Communion, is at least 16 years of age, and practices the Catholic faith. When a second godparent is chosen, he/she must be of a different gender from the first godparent (godfather and godmother). When the second person who is not a Catholic is chosen, this person can act as a witness as long as he/she is a baptized and practicing Christian.

The godparent(s) will be:

_____	_____	_____
first name	surname	religion
_____	_____	_____
first name	surname	religion

I/We understand that the information provided on this form is for the use of St. Peter and the Missions in providing pastoral care and will not be shared with any other organization.

FATHER'S SIGNATURE: _____ DATE: _____

MOTHER'S SIGNATURE: _____ DATE: _____

(Both parents must sign this application.)