

ROMAN CATHOLIC BAPTISM INFORMATION FORM

Misericordia Hospital



The Catholic
Archdiocese
of Edmonton

PLEASE PRINT CLEARLY – CORRECT SPELLING OF NAMES IS MOST IMPORTANT

CHILD'S NAME: (surname) _____ (given names) _____

GENDER: ☐ M ☐ F

DATE OF BIRTH OF CHILD: _____ PLACE: _____

MOTHER'S NAME: (maiden name) _____ (given names) _____

FATHER'S NAME: (surname) _____ (given names) _____

PARENTS' NAME & ADDRESS WHERE THE BAPTISM CERTIFICATE IS TO BE MAILED:

CITY/TOWN: _____ POSTALCODE: _____ PHONE: _____

DATE OF BAPTISM: _____

CONFIRMATION: Y ☐ N ☐ If Yes, Date & Name of Priest: _____

BAPTIZED BY (Signature): _____

(Print Name): _____

We consent to the Baptism of the above-named child:

Signature (Mother)

Signature (Father)

Print Name

Print Name

If there is only one parent's consent, please give reason(s) why the other parent's consent is not included:

Please ensure that a sponsor(s) is(are) chosen, even if it is after the Baptism.

SPONSOR(S): _____

PROXY(S): _____

Comments or Notes (If Any): _____

PLEASE RETURN THIS FORM TO ANNUNCIATION PARISH FOR REGISTRATION OF BAPTISM IN THE BAPTISM REGISTER AND FOR A BAPTISM CERTIFICATE TO BE ISSUED:

Annunciation Parish

9420 – 163 Street

Edmonton, AB T5R 0A7

or

Fax: 780-484-4196

(Revised 2010)