

Our Lady of the Airways Parish

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Baptism Registration Form

PLEASE PRINT CLEARLY Date: Child's Name: _____ Middle Last Male Female Date of Birth: _____Place of Birth: _____ day/month/year City/Province/Country Father's Full Name: _____ First Middle Last Religion: Roman Catholic _____ Other: ____ Mother's Maiden Name: Last Religion: Roman Catholic _____Other: ____ Home Address: City: ______ Prov.: _____ Postal Code: ____ Home Phone: Email: Church, or place of Marriage: _____ Date of Marriage: day/month/year FOR OFFICE USE ONLY: Date of Interview: Date of Baptism: Minister of Baptism: Date of Baptism Class:

Entered into PT: _____

Baptism Certificate: Father's □ Mother's □

Comments:

Child's Birth Certificate: yes □ no □

Confirmation Certificate: Godfather's □ Godmother's □

Entered into Register:

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Catholic Sponsor's Information

Godfather's Full Name:			T ,
	First	Middle	Last
Current Parish:		City:	
Home Phone:		_ Email:	
Fulfils the requirements of	canon (canon 874 §1)		
Godmother's Full Name: _			
	First	Middle	Last
Current Parish:		City:	
Home Phone:		_ Email:	
Fulfils the requirements of	canon (canon 874 §1)		
Christian Witness In	<u>iformation</u>		
Christian Witness Name:			
	First	Middle	Last
Christian Denomination: _			
Home Phone:		_ Email:	
Declaration			
I, the undersigned, declare t	hat the information	n on this form is true and acc	curate.
Name (please print):			-
Signature:		Date:	

PLEASE SUBMIT THIS FORM TO THE PARISH OFFICE.