

St Michael Roman Catholic Church

240 Hemlock St. Waterloo, Ontario N2L 3R5

Phone: (519) 884-9311

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BAPTISM APPLICATION FORM

This form is to be completed by all parents wishing to have their child baptized at St. Michael's Parish. **It must be returned to the Parish Office.** Date and time of your child's baptism will be confirmed by the office.

CHILD'S FULL NAME _____
First Name Middle Name(s) Family Name

DATE OF BIRTH(mm/dd/yyyy): _____ BIRTH PLACE: _____

HOME ADDRESS: _____ APT/UN _____

CITY: _____ POSTAL CODE: _____ PHONE # _____

FATHERS FULL NAME: _____ RELIGION: _____

Church of Baptism (Including date And Place): _____

Address: _____ E-Mail: _____

MOTHERS'S FULL NAME (include your family name at birth): _____

RELIGION: _____

Church of Baptism (include date and place: _____

Address: _____ E-Mail: _____

PLACE OF MARRIAGE: _____
Name of church location denomination

I/WE ATTEND CHURCH AT: _____ Are you registered members? Yes ___ No ___

For Office Use Only

Form Received	
Contacted	
Prep. Meeting	
Baptism	
Registry	

I/We wish to have our child baptized at St. Michael's Roman Catholic Church because:

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

I/We prefer the Baptism to take place in: Jan, Feb, Apr, May, Jun, Jul, Sept, Oct, Nov, Dec

(Please circle your preference. Baptisms are usually celebrated on every 3rd Sunday of the month at 12:30 p.m. or, if requested during a Sunday liturgy. The date will be confirmed with you by the parish office.)

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 Eucharist. When the second person who is not a Roman Catholic is chosen, this person can act as a Christian witness.

The godparent(s) will be:

first name	surname	religion
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Church of Baptism (including date and place): _____

first name	surname	religion
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Church of Baptism (including date and place): _____

I/We understand that the information provided on this form is for the use of St. Michael's Parish 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)