ST. JOHN THE APOSTLE PARISH BAPTISM REGISTRATION FORM

Office use only **Date of baptism**	**Presider** ____ Acolyte ____ Register

Child's name	**FIRST NAME:** _____ **Middle Name(s) (if any):** _____ **LAST NAME:** _____	**Male**	
		Female	

IS THIS YOUR FIRST CHILD? YES _____ NO _____

Date of Birth		
	Year Month Day	**Place of Birth (City/Province/Country)**

Father's name		**Religion**
	First Middle name (if any) Last	
Mother's name		**Religion**
	First Middle name (if any) Maiden Name	

Address & Postal Code		
Email		**Phone:**

First Sponsor's name		**Must be a Confirmed Catholic**
	First Last	
Second sponsor's name		**Religion**
	First Last	

Date of birth: Mother: Father:

Are you married? _____ Date of wedding: _____

Please circle.

Father attends church:	**weekly**	**often**	**sometimes**	**rarely**
Mother attends church:	**weekly**	**often**	**sometimes**	**rarely**