

DATE SUBMITTED

ST. BARNABAS PARISH

10 Washburn Way | Scarborough, ON M1B 1H3 | Tel: (416)298-0989 | Fax: (416)298-8959
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Baptism Information Form

PLEASE PRINT CLEARLY

CHILD'S INFORMATION

Gender: Female Male

Last Name _____ First Name _____ Middle Name _____

Birthdate (DD / MM / YYYY) _____ Place of Birth (City, Country) _____

PARENTS' INFORMATION

Father: Last Name _____ First Name _____ Religion _____

Mother: **Maiden** Name _____ First Name _____ Religion _____

Are you married? Yes No If yes, was it in the Catholic Church? Yes No N/A

Name of Catholic Church married in? _____ Date (DD / MM / YYYY) _____

CONTACT INFORMATION

Home Address _____ Unit #: _____ City _____

Province _____ Postal Code _____ Home Telephone # _____ Other Telephone # _____

Are you a registered parishioner of St. Barnabas Parish? Yes Since: _____ No

If Yes, do you use envelopes? Yes No

Is this your first child? Yes No

Do you attend Mass together? Yes No

How often do you attend Mass? _____

GODPARENTS

Baptized & Confirmed Catholic?

Father: Last Name _____ First Name _____ Yes No

Mother: **Maiden** Name _____ First Name _____ Yes No

OFFICE USE ONLY	1st Meeting: <input type="text"/>	Baptism Date: <input type="text"/>	Comments
	Class Date: <input type="text"/>	Baptized By: <input type="text"/>	
	Instructed By: <input type="text"/>		