



HOLY CROSS-PARISH

Registration Date: _____

Sacrament Registration: Baptism (fill out one registration per candidate)

Candidate, Full Name: _____ **Gender:** _____
(First) (Middle) (Last)

Date of Birth: ____/____/____ **Place of Birth:** _____
(Day) (Month) (Year)

If applicable School: _____ **Grade** _____

Current parish: _____ **Copy of Birth certificate received** _____

******If a candidate is to be baptised outside your current parish, we will require written permission. This must be sent to our parish office prior to the celebration. ******

Father: Name: _____ **Faith:** _____
(First & Last)

Phone: Home/Cell _____ **Work:** _____

Email: _____

Mother: Name: _____ **Faith:** _____
(First & Maiden)

Phone: Home/Cell: _____ **Work:** _____

Email: _____

Address/Postal Code: _____

Marital Status: Married: Yes___ Church of Marriage _____
Single___ Separated___ Divorced___

God Parent: Name: (God parents must be a practicing Catholics, confirmed, 16 or older and in good standing with the Catholic Church.)

1) _____ (Faith) _____

2) _____ (Faith) _____

Office Use:
\$30 Fee Paid _____

Date child baptised _____

Please ensure that your child's legal/official name is written on this form, as it will be recorded this way in our official documents. Thank you.