

Request for Baptism

St. Anthony's Parish, Calgary, AB

tel.: (403) 252-1137 fax: (403) 255-7796

Email: OfficeAssistant@stanthonyscalgary.com Website: www.stanthonyscalgary.com

CHILD'S NAME: _____
(surname) (given names)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

Month Day Year

This is your 1st child? 2nd 3rd 4th 5th Other Parishioner: Yes No

Male or Female (please circle one)

FATHER'S NAME: _____
(surname) (given names) (religion)

MOTHER'S NAME: _____
(maiden name) (given names) (religion)

ADDRESS: _____

POSTAL CODE: _____ PHONE # (H): _____ (C): _____

EMAIL ADDRESS: _____

MARRIED IN: CHURCH: _____ CITY/TOWN: _____

OTHER: _____ CITY/TOWN: _____

GODFATHER: _____
(surname) (given names) (religion)

GODMOTHER: _____
(maiden name) (given names) (religion)

PROXY (if required): _____

INTERVIEW DATE WITH PASTOR: _____

DATE OF BAPTISM PREPARATION COURSE: _____

DATE OF BAPTISM: _____ TIME: _____

OFFICIATING PRIEST: _____

I, the parent of this child, am practicing my Catholic faith weekly and in daily life and will raise this child in the practice of the Roman Catholic religion, especially the weekly celebration of the Eucharist, the other sacraments, the scriptures and prayer.

I, the parent of this child, promise to support my spouse in raising this child in the practice of the Roman Catholic religion.

SIGNATURE OF PARENTS

