ST. ANNE CHURCH
268 East Avenue
Kitchener, Ontario N2H 1Z4
Phone (519) 745 - 5302
Email: stannekitchener@hamiltondiocese.com



BAPTISM REGISTRATION FORM

THE PARENTS

Date _____/_____/_____
day / month / year

Father's Full Name _____ Religion _____
First Middle Last

Mother's Full Name _____ Religion _____
First Middle Last (Maiden)

Address _____ Unit _____ Postal Code _____

Telephone No. (_____) _____or (_____) _____ E-mail: _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____Widowed _____ Common Law _____

If Married, city/town _____ Church _____ Year _____

Are you parishioners of St. Anne Church? Yes _____ No _____ Since _____
We participate at Sunday Eucharist weekly _____ monthly _____ occasionally _____
If you are from another parish, you must have the letter of permission from your pastor.

THE CHILD

Name _____ Family Name_____

Date of Birth _____/_____/_____ Place of Birth _____
day / month / year
Was the child ever baptized before? _____ Where? _____ Why? _____

GODPARENTS: To fulfill the role of Godparents for the Sacrament of Baptism, at least ONE Godparent must be a confirmed Roman Catholic, 16 years of age and a practicing member of his/her worshipping community. A Godparent who is of another Christian community, may stand as the second Godparent. As parents you are requested to use sound judgment in selecting the godparents for your child.

Godfather _____ Religion _____

Godmother _____ Religion _____

Office Use Only
Initial Interview: Date _____ Priest _____ Accepted: Yes _____ No _____

Proof of Parent's Catholic Baptism: Father _____ Mother _____

Home visit: Date _____ Time _____ Team _____

Parish meeting: Date _____Time _____ Team _____

Attendance at Preparation Evening: Yes _____ No _____ _____
Signature of team member

Baptism: Date _____ Time _____ Priest _____