

**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** _____

*******Before taking classes you must arrange a meeting with the pastor.** If a candidate is to be baptized outside your current parish, we will require written permission of your parish pastor. 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 _____ Date: _____
Single _____ Separated _____ Divorced _____ Common law _____**God Parent: Name:** (God parents must be a practicing Catholics, confirmed, 16 or older and in good standing with the Catholic Church.)

1)	(Faith)	(BC)	Office Use: \$30 Fee Paid _____
2)	(Faith)	(BC)	

Date child baptized _____

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.