



HOLY CROSS-PARISH

Registration Date: _____

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

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

Date of Birth: ____ / ____ / ____
(Day) (Month) (Year)

Place of Birth: _____

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) _____

2) _____ (Faith) _____ (BC) _____

Office Use:
\$30 Fee Paid _____

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.