CATHEDRAL BASILICA OF CHRIST THE KING

714 King Street West ♦ Hamilton, Ontario L8P 1C7
www.christthekingcathedral.org ♦ E: basilica@hamiltondiocese.com
(905) 522-5744

REQUEST FOR THE CELEBRATION OF BAPTISM

Child's Name: _____
First Name Middle Name Family Name

Date & Place of Birth: _____
Day Month Year Place of Birth (City, Town)

Father: _____
First Name Family Name

Religion (check one): ❑ Roman Catholic (Latin Rite) ❑ Catholic (Byzantine Rite) Specify: _____ ❑ Non-Catholic Christian ❑ Not Baptized

Mother: _____
First Name Family Name (BEFORE Marriage)

Religion (check one): ❑ Roman Catholic (Latin Rite) ❑ Catholic (Byzantine Rite) Specify: _____ ❑ Non-Catholic Christian ❑ Not Baptized

Address: _____
Unit/Apartment # - House/Building # Street City Province Postal Code

Telephone: _____ **Email:** _____

Parent's Marriage: _____
Date of Marriage Church and/or Place of Marriage (City, Town)

If your marriage took place outside the Catholic Church, would you like to discuss having it blessed in the Catholic Church? ❑ Yes ❑ Not at this time

Godfather/Witness: _____
First Name Family Name

A "godparent" is a fully initiated (Baptized, Confirmed and regularly practicing member of the Catholic Church), who has completed their 16th year. At least ONE of the sponsors must be a Catholic.

Religion (check one): ❑ Roman Catholic (Latin Rite) ❑ Catholic (Byzantine Rite) Specify: _____ ❑ Non-Catholic Christian

Godmother/Witness: _____
First Name Family Name

Religion (check one): ❑ Roman Catholic (Latin Rite) ❑ Catholic (Byzantine Rite) Specify: _____ ❑ Non-Catholic Christian

A non-baptized person may not serve as a godparent or witness. Please note that only two individuals are needed for this role.

OFFICE USE ONLY:
Date Application Received: _____ Baptism Preparation Session: _____

Registered Parishioner ❑ Date & Time of Baptism: _____