

CATHEDRAL BASILICA OF CHRIST THE KING

(905) 522-5744

REQUEST FOR THE CELEBRATION OF BAPTISM

Child's Name:				
	irst Name N	Aiddle Name	Family Name	
Date & Place of Birth:_				
_	Day Month Year	Place o	f Birth (City, Town)	
ather:			Religion (check one): 🖵 Roman Catholic (La	atin Rite)
First Name	Family Name		Catholic (Byzantine Rite) Specify: Non-Catholic Christian	
			Not Baptized	
Nother:			Religion (check one): Roman Catholic (La	atin Rite)
First Name	Iame Family Name (BEFORE Marriage)		 Catholic (Byzantine Rite) Specify: Non-Catholic Christian Not Baptized 	
Address:				
Unit/Apartn	nent # - House/Building # Street	City	Province	Postal Code
Telephone:	E	Email:		
Devent's Merriage.				
arent s Marriage:	Date of Marriage C	Church and/or Place	ce of Marriage (City, Town)	
f your marriage took place outside	e the Catholic Church, would you like to discu	uss having it bless	ed in the Catholic Church?	Not at this time
Godfather/Witness				
First Name Family Name A "godparent" is a fully initiated (Baptized, Confirmed			Religion (check one): Roman Catholic (Latin Rite) Catholic (Byzantine Rite) Specify:	
and regularly practicing member of the Catholic Church), who has completed their 16 th year. At least ONE of the sponsors must be a Catholic.			Non-Catholic Ch	
Godmother/Witness:			Religion (check one): C Roman Catholic (Latin Rite)	
First Name Family Name			 Catholic (Byzantine Rite) Specify: Non-Catholic Christian 	
A non-baptized person ma	ry not serve as a godparent or witn	ess. Please no	ote that only two individuals are nee	ded for this ro
OFFICE USE ONLY:				
Data Application Bassive		Partiena Dura	anation Cossion.	

 Date Application Received:
 Baptism Preparation Session:

 Registered Parishioner
 Date & Time of Baptism: