

# Precious Blood Church

1737 Lawrence Avenue East – Toronto, ON M1R 2X7

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## BAPTISM APPLICATION

Child: First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's First name at birth: \_\_\_\_\_ Last: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Married? Yes \_\_\_ No \_\_\_ Civilly: \_\_\_ Church of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Godfather's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Religion: \_\_\_\_\_

Godmother's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Religion: \_\_\_\_\_

Are you a registered member of Precious Blood Church: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**PLEASE ATTACH A COPY OF ONE OF THE PARENT'S CATHOLIC BAPTISMAL CERTIFICATE**

### **BAPTISM PREPARATION: (see attached schedule for dates)**

Date and Time requested: \_\_\_\_\_ Date & Time received: \_\_\_\_\_

### **BAPTISM SACRAMENT: (see attached schedule for dates)**

Date and Time requested: \_\_\_\_\_ Date Baptism received: \_\_\_\_\_

Name of Celebrant: \_\_\_\_\_ Church Register Number: \_\_\_\_\_