## St. Joseph Roman Catholic Church In the archdiocese of Grouard-McLennan 10404-102 St, Grande Prairie, Alberta, T8V 2W3

## Request For Infant Baptism For the purpose of baptism, an infant is a person under the age of 7

## Baptism Information Form DATE:

		Gender: □M □F
Baby's Name:		
First Name	Middle Name	Last Name
Date of Birth:	Place of Birth:	
year month	day	City & Province
Mother:		Roman Catholic:
First Name	Maiden Name	☐Baptized ☐ Confirmed ☐Other:
Father:		Roman Catholic:
First Name	Family Name	□Baptized □ Confirmed □Other:
Additional Information: Mailing Address:		
Street Address	City	Province
Postal Code:	Home	e Phone Number
	Day I	Phone Number
Language (s) spoken		
Marriage - Date, City & Name of C		<u>-</u>
Does either the Mother or Father of Have you completed a <i>current</i> Bap		☐Yes ☐ No ☐No When:
Children at Home		
C1	Birth Date/	Gender
First Name	Year Month Day	M/F
C2	Birth Date/	Gender
C3	Birth Date/	Gender
C4	Birth Date/	Gender
C5	Birth Date/	Gender

have either 1 or 2 Roman Catholic godparents for your child.) Roman Catholic Godmother: First Name Last Name Roman Catholic Godfather: First Name Last Name **Christian Witness** [Optional– You may have one Roman Catholic godparent and a Christian Witness for your baby's baptism. A Christian Witness is a non-Catholic baptized Christian who serves as a witness to your baby's baptism in addition to one or two Roman Catholic godparent(s).] Family Name Religion First Name **For Office Use Only:** Date and Time of Baptism: \_\_ Please check with the parish office BEFORE you select the date for your baby's baptism. Priest presiding \_\_\_\_\_ For Baptisms to be Celebrated Outside of Grande Prairie If you live in Grande Prairie and are members of St. Joseph Parish but would like to celebrate your baby's baptism in another Roman Catholic Parish we are required to contact that parish and send along a copy of the information noted on the front of this page. To aid us in this please complete the following: Name of the Roman Catholic Parish that you would like to celebrate your child's baptism in: Mailing address of the Parish: Street address City Province Postal Code Parish Phone Number: \_\_\_\_\_ Parish Fax Number: \_\_\_\_\_

Roman Catholic Godparent(s) (To be a godparent is a ministry within the Catholic Church– you may choose to

Name of Parish Pastor or Administrator:

1. Why do you wish your child to be baptized in the Catholic Church?			
2. We recognize that it can be difficult at times to attend Mass. How often are you able to come to church?	to		
3. Do you participate in other church activities?			
* NOTES:			