

Holy Family Catholic Church
329 Huron St., New Hamburg, Ontario N3A 1K3 * holyfamily@rogers.com
BAPTISMAL INFORMATION

Name of Child: _____ M F

Date of Birth: _____

Place of Birth: _____

Was the child privately Baptized? yes__ no__

Father's Name: _____

Religion: _____

Mother's Name (*Maiden Name*): _____

Religion: _____

Married: ___ Single: ___ Common Law: ___ Civil: ___

Church of Marriage: _____

Parents Address: _____

Town _____ Postal Code: _____

Telephone #: _____ Email: _____

God Parents: _____

(Catholic
Only) _____

Christian Witness: _____

Request Date of Baptism: _____

Are you Registered in this Parish? _____

Submitted by: _____ Date: _____

Date of Baptism: _____