



Lake Huron Catholic Family of Parishes

E-mail: lakehuroncatholic@dol.ca

Website: www.lhcfp.dol.ca

BAPTISM APPLICATION FORM This form is to be completed by all parents wishing to have their child baptized. The date and time of your child's baptism will be confirmed by the office and Pastor/Deacon.

CHECK OFF ONE Parish location for the Baptism <input checked="" type="checkbox"/>					
<input type="checkbox"/> St. Boniface, Zurich	<input type="checkbox"/> St. Peter's, St. Joseph	<input type="checkbox"/> Immaculate Heart of Mary, Grand Bend	<input type="checkbox"/> Our Lady of Mt. Carmel, Mt. Carmel	<input type="checkbox"/> Precious Blood, Exeter	<input type="checkbox"/> St. Peter's, Goderich

CHILD'S FULL NAME: _____
First Name Middle Name(s) Family Name

DATE OF BIRTH(mm/dd/yyyy): _____ BIRTH PLACE: _____

HOME ADDRESS: _____ APT/UN: _____

CITY: _____ POSTAL CODE: _____ PHONE #: _____

EMAIL ADDRESS: _____

FATHER'S FULL NAME: _____ RELIGION: _____

Church of Baptism (include place and date): _____

↑
Address: _____

MOTHERS'S FULL NAME (include your family name at birth): _____

RELIGION: _____

Church of Baptism (include place and date): _____

Address: _____

PLACE OF MARRIAGE: _____
Name of Church Location Denomination

I/WE ATTEND CHURCH AT: _____ Are you registered members? Yes ___ No ___

For Office Use Only		Notes
Form Received		
Contacted		
Prep. Meeting		
Baptism		
Registry		

I/We wish to have our child baptized at (Church name here) because:

To have a child baptized, parents have to promise to raise their child in the Catholic faith. How will you fulfill that Promise?

Church law requires at least one godparent to be chosen for Baptism. To be a Godparent one must be a Roman Catholic who has already received the sacraments of Baptism, Confirmation and Eucharist. When the second person who is not a Roman Catholic is chosen, this person can act as a Christian witness.

The godparent(s) will be:

First Name	Surname	Religion
Church of Baptism (include date and place): _____		

First Name	Surname	Religion
Church of Baptism (include date and place): _____		

I/We understand that the information provided on this form is for the use of the Lake Huron Catholic Family of Parishes for providing pastoral care and will not be shared with any other organization.

FATHER'S SIGNATURE: _____ DATE: _____

MOTHER'S SIGNATURE: _____ DATE: _____

Type your names and check box to confirm signatures.

**(Both Parents must sign this application and please return to:
Father Tony or the parish office at lakehuroncatholic@dol.ca)**

Check the box to confirm signatures.

Use the button to save the file to your computer and then attach the file to an email.