



St. Mary of the Visitation Parish
16 Cooper St. Cambridge (Hespeler), ON N3C 2N2

INFORMATION FOR THE SACRAMENT OF BAPTISM

Child's Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____

Father's Name (First, Last): _____ Religion: _____

Mother's Name: (First, Maiden Surname): _____ Religion: _____

Full Address: _____

Phone (home): _____ Phone (cell): _____

Place of Marriage: _____
Church/Denomination City/Province Date

Godparents: _____ Religion: _____

_____ Religion: _____

Other Children: _____ Baptized (Place, Date)

MEETING/CLASS DATE: _____

Attended:

DATE OF BAPTISM: _____

Attended:

Notes: _____

Office Use: Registered Parishioner

Following Baptism: PDS Entry

Baptism Register