

**PLEASE PRINT**

**PRE-BAPTISMAL REGISTRATION FORM**  
**OUR LADY OF THE AIRWAYS CHAPEL**

Person to be baptized: \_\_\_\_\_  
(Surname) (Name) (Other names)

Birthplace: \_\_\_\_\_

Date of birth: \_\_\_\_\_

<b><u>Father's Information</u></b>	<b><u>Mother's Information</u></b>
Name: _____ (Surname) (Christian names)	Name: _____ (Maiden name) (Christian names)
Rank: _____ SN: _____	Rank: _____ SN: _____
Unit: _____	Unit: _____
Residence: _____ _____ _____	Residence: _____ _____ _____
Residence Ph: _____	Residence Ph: _____
Office Ph: _____	Office Ph: _____
Parish Name : _____	Parish Name: _____
Religion: _____	Religion: _____

Date of Baptism preparation: \_\_\_\_\_ Date confirmed with the parents YES / NO

Language of service ENGLISH  FRENCH  BI-LINGUAL

**Date of Baptism:** \_\_\_\_\_ Date confirmed with the parents YES / NO

Place of Baptism: Our Lady of the Airways Chapel Other: \_\_\_\_\_

Godparents 1: \_\_\_\_\_  
(Religion)

2: \_\_\_\_\_  
(Religion)

Proxy 1: \_\_\_\_\_  
(Religion)

2: \_\_\_\_\_  
(Religion)

Officiating Chaplain: \_\_\_\_\_

Notes: \_\_\_\_\_