



# St. Aloysius Catholic Church

11 Traynor Avenue, Kitchener, Ontario N2C 1W1

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OFFICE USE ONLY	
Form Received	
Meet with Father	
Prep. Meeting	
BAPTISM (date/time)	
Entr'd in Register	

## BAPTISM APPLICATION FORM

This form is to be completed by all parents/guardians wishing to have their child baptized at St. Aloysius Parish. A Baptism meeting with both parents present is required with the Parish Priest. The Baptism date will be decided in the meeting.

**Please return this completed form to the parish office as soon as possible to secure a Baptism appointment.**

**CHILD'S FULL NAME:** \_\_\_\_\_  
first name middle name(s) family name

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
city / province

ADDRESS: \_\_\_\_\_ APT./UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**Parents: please record the name of the religious denomination you were Baptised in below. Please print clearly as the information is used on official Parish Records:**

**FATHER'S FULL NAME:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_

(if Christian, Denomination): \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**MOTHER'S FULL NAME** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_

(include your ***maiden name or name at birth***)

(if Christian, Denomination): \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

PLACE OF MARRIAGE

(name of church, location, denomination): \_\_\_\_\_

I / WE ATTEND CHURCH AT: \_\_\_\_\_ Are you registered members? YES \_\_\_ NO \_\_\_

Would you like to register at St. Aloysius Parish? YES \_\_\_ NO \_\_\_ (over, please)

I/We wish to have our child baptized at St. Aloysius Roman Catholic Church because \_\_\_\_\_

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To have a child baptized, parents promise to raise their child in the Catholic faith. How will you raise your child in the Catholic faith? \_\_\_\_\_

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**Church law requires one Roman Catholic godparent to be chosen for Baptism. To be a Godparent one must be a practicing Roman Catholic** who has already received the sacraments of Baptism, Confirmation and Communion, and is at least 16 years of age. When a second godparent is chosen, he/she must be of a different gender from the first godparent (godfather and godmother). When the second person who is not a Catholic is chosen, this person can act as a witness as long as he/she is a baptized and practicing Christian.

The godparent(s) will be: **Godparents/Witnesses: please record the name of the religion you were Baptised in below:**

first name	surname	denomination
first name	surname	denomination

**I/We understand that the information provided on this form is for the use of St. Aloysius Parish in providing pastoral care and will not be shared with any other organization.**

*FATHER'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

*MOTHER'S SIGNATURE:* \_\_\_\_\_ *DATE:* \_\_\_\_\_

***(Both parents must sign this application prior to submission.)***