REQUEST FOR BAPTISM

St. Paul the Apostle Parish Burlington

Please print legibly and ensure all information is accurate with correct spelling. The information in this form will be appear on the child's sacramental records.

Email completed form to Arden Ouellette, Lay Parish Minister aouellette @hamiltondiocese.com

Information of Child Presented for Baptism:

(First Name)	(Middle or Other Giv	(Surname / Family Name)		
☐ Female ☐ Male	Date of Birth:///	City of Birth:		
Danasitas	Family I	nformation:		
Parents:				
Mother's First Name:		Mother's MAIDEN Name:		
Mother's Religious Den	omination: Roman Catholic	☐ Other (specify:)		
Mother's Church of Cath	nolic Baptism (name, city, provir	nce)		
Father's First Name:		Father's Last Name:		
Father's Religious Deno	omination: Roman Catholic	☐ Other (specify:		
Father's Church of Cath	oolic Baptism (name, city, provin	nce)		
Family Address:	(Street)	(Cit.)	(Postal Code)	
	(Street)	(City)	,	
Marital Status of Parei		i none ivanio	··· (
☐ Catholic Marriage, ☐]Civil Marriage, □ Common La	aw, \square Single, \square Other (sp	ecify)	
Date of Marriage:	_// Parish of N	Narriage: Parish Name	City	
Previous Baptisms:				
Do you have other child	ren who have been baptized Ro	oman Catholic? Yes	No	
If yes, please indicate p	arish and year(s) of Baptism:			
•	·	oman Catholic? ☐ Yes ☐	No	

Godparent Information:

Please note, each child must have a minimum of 1 godparent who must be a baptized and confirmed Roman Catholic who practices their faith. A second godparent is permitted; ideally both godparents are Roman Catholic, however accommodation can be made for the second godparent to be of another Christian faith. If there are two godparents, one must be a man, and the other a woman. As the role of Godparents is to be a witness to the faith in the child's life, care should be taken to choose Godparents who can fulfil this obligation.

Godparent (1	1):			
First and Last	t Name:		Gender: \square Female \square M	ale
Catholic Bapt	ism: / / / yyy	Catholic Confirm	nation:///	уууу
Current Paris	h where they reside:	Name of parish		City
Godparent (2	2):			
First and Last	t Name:		Gender: 🗌 Female 🗎 M	ale
☐ Catholic B	Baptism: / / //	Catholic Co	nfirmation: /	_ /
☐ Other Chr	istian Baptism (specify: _)	
Current Paris	h where they reside:	Name of parish	·	City
	te your preferred Baptism oth parents are asked to a September 29, 2024	attend a Baptism Prepar	e dates cannot be guaran	e Baptism celebration.
WINTER:	□January 26, 2025	□February 23, 2025	☐March 16, 2025	
SPRING:	□April 27, 2025	□May 25, 2025	□June 22, 2025	
		Parent Signat	ure:	
I		am submitting	g this Request for Baptism	n and attest that all
	rmation is correct to my k paration is required prior to	•	• • • • • • • • • • • • • • • • • • • •	pation in the parish
Signature :			Date:////	<u></u>

Office Use Only:

Date received in parish office: / / Intake Call: / / /
Registered Parishioner: ☐Yes ☐ No In Parish Boundaries?: ☐ Yes ☐No
If not in boundaries letter of permission received: $\square Yes \square \ No$
Is Proof of parental baptism required? Yes No Date received:///
Preparation Meeting Date Assigned://
Preparation Meeting Email Sent: / /
Baptism Date Assigned: / / /
Notes: