

# 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](mailto:aouellette@hamiltondiocese.com)

### Information of Child to be Baptized:

\_\_\_\_\_  
(First Name) (Middle or Other Given Names) (Surname / Family Name)

Female  Male Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City of Birth: \_\_\_\_\_  
dd mmm yyyy

### Parental Information:

Mother's First Name: \_\_\_\_\_ Mother's MAIDEN Name: \_\_\_\_\_

Mother's Religious Denomination:  Roman Catholic  Other (specify: \_\_\_\_\_)

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Father's Religious Denomination:  Roman Catholic  Other (specify: \_\_\_\_\_)

Home Address: \_\_\_\_\_  
(Number) (Street) (City) (Postal Code)

Primary Email Address: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

Secondary Phone Number: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Parent's Date of Marriage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mmm yyyy

Parent's Marriage Status:  in Catholic Church,  in another church,  civilly, or  not married.

Parent's Place of Marriage: \_\_\_\_\_  
Name of church or location of marriage Address

Do you have other children who have been baptized Roman Catholic?  Yes  No

If yes, please indicate the parish and year(s) of Baptism:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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):**

First and Last Name: \_\_\_\_\_ Gender:  Female  Male

Catholic Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Catholic Confirmation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mmm yyyy dd mmm yyyy

Current Parish where they reside: \_\_\_\_\_  
Name of parish City

**Godparent (2):**

First and Last Name: \_\_\_\_\_ Gender:  Female  Male

Catholic Baptism: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Catholic Confirmation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mmm yyyy dd mmm yyyy

Other Christian Baptism (specify: \_\_\_\_\_)

Current Parish where they reside: \_\_\_\_\_  
Name of parish City

**Parent Signature:**

I \_\_\_\_\_ am submitting this Request for Baptism and attest that all enclosed information is correct to my knowledge. I am aware that once approved, participation in the parish Baptism Preparation is required prior to the baptism taking place.

Signature : \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mmm yyyy

**Office Use Only:** Date received in parish office: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Intake Call: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mmm yyyy dd mmm yyyy

Registered Parishioner:  Yes  No In Parish Boundaries?:  Yes  No

If not in boundaries letter of permission received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mmm yyyy

Is Proof of parental baptism required?  Yes  No Date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mmm yyyy

Preparation Meeting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Preparation Email Sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mmm yyyy dd mmm yyyy

Baptism Date Assigned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mmm yyyy

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