



St. Mark's Catholic Church

345 Glad Park Ave. Stouffville, ON L4A 1E4
Tel: 905-640-6954 Fax: 905-640-0642

Email: stmarksst@archtoronto.org

Website: <http://www.stmarksst.archtoronto.org>

BAPTISMAL REQUEST REGISTRATION

Child's Legal Name: _____ Male: ___ Female: ___
Please print *First* *Middle* *Last*

Date of Birth: _____ Place of Birth: _____
day/month/year *City & Country if other than Canada*

Father's **Full Legal Name**: _____
Please print: *First* *Middle* *Last*

Religion: Roman Catholic _____ Baptized? Yes ___ No ___
OR Other: _____ (specify Religion)

Mother's **Full Maiden Name**: _____
Please print: *First* *Middle* *Last (MAIDEN NAME)*

Religion: Roman Catholic _____ Baptized? Yes ___ No ___
OR Other: _____ (specify Religion)

Home Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: Cell: _____ Home: _____ Email: _____

Church, or place of Marriage: _____ Date: _____
day/month/year

GODPARENTS: (These must be Catholic, however 1 practicing Baptized Catholic Godparent is sufficient.)

Godfather's Name: _____ Religion: _____
(Male) Please print

Godmother's Name: _____ Religion: _____
(Female) Please print

Please try to bring completed Godparent Sponsor Forms to the office before Baptismal Preparation Class.

Please complete both sides of form

"Let the children come to me"

The Parish requires a **PRE-BAPTISMAL CATECHESIS**. All are expected to attend.

Have you ever attended such a Catechesis? Yes _____ No _____

If yes, where? _____ when? : _____

The church teaches that children may be baptized, provided there is a well founded hope that the child will be brought up in the Catholic faith.

Are you ready and willing to accept this responsibility? Yes ____ No ____

Father: Do you attend Mass? Yes ____ No ____

If yes, how often? Daily ____ Weekly ____ Twice/Month ____ Monthly ____ Never ____

Mother: Do you attend Mass? Yes ____ No ____

If yes, how often? Daily ____ Weekly ____ Twice/Month ____ Monthly ____ Never ____

Are you registered members of this parish? Yes: _____ No: _____ When? _____

CHECK ONE: I give consent for my child's name to be published in the church's bulletin and on the website. _____

I **DO NOT** give consent for my child's name to be published in the church's bulletin and on the website. _____

Parent's signature: _____ Date: _____

For Office use only:

BAPTISMAL PREPARATION CLASS DATE: _____ **With:** _____

DATE OF BAPTISM: _____ **Administered by:** _____

Recorded in Parish Register _____ **Signature** _____ **Recorded in Data Base** _____

COMMENTS:

ADMINISTERED BY: _____