ST. NORBERT CHURCH
100 Regent Road, North York, ON M3K 1H3
Tel: 416-636-0213 Fax: 416-636-9431

BAPTISM REGISTRATION FORM

Date form Received: _____
Date of Baptism: _____
Interviewed by: _____

PLEASE PRINT CLEARLY

Name of Child: _____ _____ _____
First Name Middle Name Last Name/Surname

Date of Birth: _____ Place of Birth: _____ _____
(Month/Day/Year) (City) (Country)

Father's First Name: _____ Surname: _____

Mother's First Name: _____ Maiden Name: (Before Marriage) _____

Parent's Address: _____ City: _____ Postal Code: _____

Home Telephone #: _____ Work #: _____

Are Parents Catholic? Father: _____ Mother: _____
***Proof of "Baptism" Certificate*: Father: (Yes) (No) Mother: (Yes) (No) "Testimony":** _____

Have Parent's received: First Communion: _____ Confirmation: _____
Married in the Catholic Church: _____
Which Parish they belong to: _____

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Godfather's Name: _____ Godmother's Name: _____
Certificates: Confirmation: _____ Confirmation: _____
Witness: _____

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Registration Fee Total:

Admin Fee (Baptism) $ 50.00 _____ Date: _____
Baptism Date: _____ 1:30 pm. Preparation Class_____7:45 pm
Other Remarks: _____
Attended Classes: Yes _____ No _____

CELEBRATION: Classes Required: ***FOR PARENTS & GODPARENTS***

Meeting with Priest: _____
Baptism Date: _____ 1:30 pm. Preparation Class_____7:45 pm in church
Admin Fee (Baptism) $ 50.00 _____ Date: _____
Baptism Celebrated by: _____