

BAPTISM REGISTRATION FORM
HOLY SPIRIT PARISH—SASKATOON

TODAY'S DATE

EXPECTED NO. OF GUESTS AT
MASS

[PLEASE PRINT CLEARLY IN UPPERCASE LETTERS]

Child's Name:

First

Middle

Last

Gender: **MALE** _____ **FEMALE** _____ *Date of Birth* _____

Place of Birth: _____ *Other* _____

Mother's Name: _____ Mother's Maiden Name: _____

Father's First Name _____ Father's Last Name _____

Address _____ Phone _____

Mother Contact Information

Cell Phone _____ Work Phone _____

Email _____

Father Contact Information

Cell Phone _____ Work Phone _____

Email _____

Are you registered at Holy Spirit Parish? Yes _____ Not Yet _____ When? _____

Name of present parish _____

Godparent's Full Name _____ Religion _____

Godparent's Full Name _____ Religion _____

Preparation Dates: _____

Baptism Date: _____ **Presider** _____