

TODAY'S DATE

BAPTISM REGISTRATION FORM
HOLY SPIRIT PARISH—SASKATOON

[PLEASE PRINT CLEARLY IN UPPERCASE LETTERS]

Child's Name
LAST FIRST MIDDLE

Gender: (Please Circle)
Male Female

Date of Birth: Place of Birth: Prov.
Day Month Year

Mother
First Name: Maiden Name: Religion:
Cell Phone: Email:
Father
First Name: Last Name: Religion:
Cell Phone: Email:
Family Address
Home Phone

(Please Circle)
Is this your first child? Yes No If not, have you taken baptism prep in the past two years? Yes No

Are you registered at Holy Spirit Parish? Yes No Do you plan to register? Yes No
Name of present parish

Godfather's Full Name Religion
Godmother's Full Name Religion

Preparation Dates:
Baptism Date: Presider: (Office Use)