



PRECIOUS BLOOD PARISH

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BAPTISM REGISTRATION FORM (PLEASE PRINT)

Person to be Baptized

Full Name: _____
(provide copy of birth certificate) Last Name(s) First and Middle Name(s)

Date of Birth: ____/____/____ City of Birth: _____
Day Month Year

Parents' Information

Father's Name: _____
Last Name(s) First and Middle Name(s)

Father's Religion: ☐ Roman Catholic Other _____ ☐ None

☐ I am a parent/or have legal custody of the child.

Mother's Maiden Name: _____
Last Name(s) First and Middle Name(s)

Mother's Religion: ☐ Roman Catholic Other _____ ☐ None

☐ I am a parent/or have legal custody of the child.

Address: _____
Street Name Apt

City Postal Code

Phone Number: _____ Email: _____

Godparent(s) _____

Name: **MALE** _____
Last Name(s) First

Name: **FEMALE** _____
Last Name(s) First

Notes