



## PRECIOUS BLOOD PARISH

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www.preciousblood.ca

### 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