

Baptismal Application Form

Cathedral of St. Peter-in-Chains,
411 Reid St., P.O. Box 175, Peterborough, ON K9J 6Y8



(PLEASE PRINT)

Child's Full Name: _____

Date of Birth: _____ Place of Birth: _____
Month Day Year

Father's Full Name: _____ Religion: _____

Mother's Full Name: _____ Religion: _____
(with Maiden Name also)

Home Address: _____

Phone Number/Contact Number: _____

Are you Married in the Catholic Church? YES / NO

If yes, name and place of Church: _____

Are you a registered Parishioner of the Cathedral of St. Peter-in-Chains? YES / NO

Would you be grateful enough to use Offertory envelopes or Pre-Authorized Payments for the regular support of St. Peter-in-Chains? YES / NO

GODPARENTS: (At least ONE Godparent must be a practicing Catholic)

Those designated as Godparents must be practicing Catholics, and must have received the 3(three) sacraments of Initiation: Baptism; 1st Eucharist; Confirmation, and be living a life consistent with the faith.

Godparent's Full Name: _____ Catholic? YES / NO

Godparent's Full Name: _____ Catholic? YES / NO

Parent/Guardian Signature: _____ Date: _____

Intended Date of Baptism: _____ Confirmed: YES / NO

Celebrant Priest: _____

PLEASE NOTE:

- a/ Confirm the date
- b/ An offering of \$50 for the Church is greatly appreciated, however, should you be unable to afford, do not worry
- c/ PLEASE BE ON TIME. Thank you.