



Baptism of an Infant

The Child

_____	_____	_____
First name	Middle name(s)	Last name
_____	OR	_____
Due date	Date of birth	Place of birth

The Parents

Mother		Father
_____	First name	_____
_____	Middle name(s)	_____
_____	Last name	_____
_____	Last name at birth (for mother)	
_____	Street Address 1	_____
_____	Street Address 2	_____
_____	City	_____
_____	Province	_____
_____	Postal Code	_____
_____	Phone Number	_____
_____	Email	_____
_____	Religion	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you baptized?	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	Which church do you regularly attend?	_____

Marriage history

We are married.

We are not married.

I am a single parent.

I am divorced and remarried.

I was previously married.

I am widowed or a widower.

Date of marriage _____ Place of marriage: _____

_____ Name of church or place

Godparents

You may choose up to two godparents for your child. When making your decision, please read and review all the guidelines provided. Godparents must fill out and sign the appropriate form. A baptized non-Catholic Christian can serve as a “Christian Witness” in place of one of the godparents. Please see the appropriate form for more information.

Godmother’s name: _____ Phone number: _____

Godfather’s name: _____ Phone number: _____

If applicable:

Christian Witness: _____ Phone number: _____

In your own words, describe what your faith means to you.

Briefly describe your desire to have your child baptized.

Return to
Saint Paul’s Parish
289 Winter Street
Summerside, PE C1N 1N4