CATHEDRAL OF THE ASSUMPTION Email: catholicsvg.cathedral@gmail.com TEL: 784-456-1408

DATA FOR BAPTISM

Given Name	S:	N O CIV I ETTERS	Surname:			
	PRINT IN B	BLOCK LETTERS				
Date of Birth	DAY/ MONTH/ YEAR	of Birth:				
Father's Nan	ne:					
Mother's Na	Mother's Name: Maiden Name:					
Address:		Tel. No				
PARENTS IN	<u>IFORMATION</u>					
1. Religion (Mother) Baptised 1st Communion Confi						
2. Religion (I	Father)	Baptised	1st Comm	nunion Co	onfirmed [
3. What Ma	ss do you attend and where?	ś				
4. No. of chi	ldren: Baptised?	Name of Chu	urch			
5. Do they a	ttend religion class?	Where?				
GODPAREN	ITS INFORMATION	Baptise	d 1st Com	munion Con	firmed	
Godfather's	Name:		_			
Godmother's	s Name:					
	If you wish to invite a Chris	tian Witness, please s	peak to instru	ictor.		
TO BE COMPLETED BY CATECHIST Baptismal Information			TTENDEN	CE OF CLAS	CEC	
			AT LEINDEIN	CE OF CLAS	353	
		Father	Mother	G/ Father	G/ Moth	
Data of	1					
Date of Baptismal	2					
Instructions	3					
	4 5					
	ne of Baptism: by:		nister:			

N.B. A Godparent male or female must be 16 and over, confirmed and active in the practice of the Catholic Faith. A baptised person, not a Catholic, may be a "Christian Witness" to the baptism.