



# The CATHOLIC CHURCH of ST JOHN the EVANGELIST CALGARY

A Roman Catholic Parish of the Personal Ordinariate of the Chair of Saint Peter

## BAPTISMAL REGISTRATION FORM

Please PRINT all details in capital letters

Date of Application : \_\_\_\_\_

Name of Applicant & Relation to Child : \_\_\_\_\_

Child's Full Name : \_\_\_\_\_

Child's Date of Birth : \_\_\_\_\_

City, Province & Country of Child's Birth : \_\_\_\_\_

Proposed Date of Baptism : \_\_\_\_\_

Father's Full Name : \_\_\_\_\_

Father's Christian Denomination : \_\_\_\_\_

Father's E-mail Address : \_\_\_\_\_

Mother's Full Maiden Name : \_\_\_\_\_

Mother's Christian Denomination : \_\_\_\_\_

Mother's E-mail Address : \_\_\_\_\_

Parents' Home Address & Telephone Number : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Godfather's Full Name : \_\_\_\_\_

Godmother's Full Name : \_\_\_\_\_

Please return this form via post or e-mail to:

1423 8th Avenue S.E., Calgary, Alberta, T2G 0N1, Canada | [frkenyon@calgaryordinariate.com](mailto:frkenyon@calgaryordinariate.com) | 403.764.6827