



St. Martin De Porres Church

4179 Lawrence Ave East, Scarborough, Ontario M1E 2S3



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416 284 0201



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BAPTISM REGISTRATION FORM

Interview Date: _____

Baptism Date: _____

Preparation Class: _____

Interviewed by: _____

PLEASE PRINT CLEARLY

Name of Child: _____
First Name Middle Name Last Name/Surname

Date of Birth: _____ Place of Birth: _____
(Month/Day/Year) (City) (Country)

Father's First Name: _____ Surname: _____

Mother's First Name: _____ Maiden Name: (Before Marriage) _____

Parent's Address: _____ City: _____ Postal Code: _____

Home Telephone #: _____ Work #: _____

Are Parents Catholic? Father: _____ Mother: _____

Have Parent's received: Baptism: _____ Confirmation: _____ Sacrament of Marriage: _____

***Proof of Certificates: Father: (Yes) (No) Mother: (Yes) (No) "Testimony: _____**

Which Parish they belong to: _____

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Godfather's Name: _____ Godmother's Name: _____

Witness: _____

Attended Classes: Yes _____ No _____

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CELEBRATION:

Admin Fee (Baptism) \$ 65.00 _____ Date: _____

Baptism Celebrated by: _____