



BAPTISMAL REGISTRATION FORM



Sacré-Cœur de Jésus (Corbeil) / Ste-Bernadette (Bonfield)

Please complete and return by email to: abcparishes@gmail.com

| | | | |
|---|--|--|--|
| Full Name of Child: | | | |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Date of Birth: | | | |
| City of Birth: | | | |
| Full Name of Father: | | | |
| | | Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Parish of Confirmation: | |
| Full Name of Mother (Include maiden name): | | | |
| | | Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Parish of Confirmation: | |
| <i>GODPARENTS: must be at least 16 yrs of age, baptized and confirmed.</i> | | | |
| Godfather's Name: | | | |
| | | Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Parish of Confirmation: | |
| Godmother's Name: | | | |
| | | Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Parish of Confirmation: | |
| City where parent/child currently reside: | | Parish that you normally attend: | |
| Contact Person & your relationship to the Child: | | Your Relationship to the Child: | |
| Phone #: | | | |
| Email: | | | |
| Parish being requested for Baptism: | | <input type="checkbox"/> Sacré-Cœur de Jésus (Corbeil, Ontario) <input type="checkbox"/> Ste-Bernadette (Bonfield, Ontario) | |
| Language Preference for Ceremony | | <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual | |
| Date & Time proposed for the Baptism: | | | |

Parent's Signature:

Date: _____

Parish Office: Sacred Heart of Jesus Church, 1994 Corbeil Rd., Corbeil, ON P0H 1K0

Phone: (705) 482-7999 Email: abcparishes@gmail.com Website: ourabcparishes.com

 Paroisses A-B-C Parishes

Baptismal Form: June 6, 2026