

BAPTISM FORM

Date: _____

Full Name of Child:	
Date of Birth:	
Place of Birth:	
Full Name of Father:	
Father	Sacrament of Confirmation: yes or no / if yes where? (need proof/cert.)
Name of Mother: incl. maiden name	
Mother	Sacrament of Confirmation: yes or no /if yes where? (need proof cert.)
Godfather's Name:	
	Sacrament of Confirmation: yes or no / where? (need proof/cert.)
Godmother's Name:	
	Sacrament of Confirmation: yes or no / where? (Need proof/Cerf.)
Contact person:	
Address	
Phone #	

Requirements for Godparents:

- They need to be confirmed in the Roman Catholic Church.
- You may only have one Godfather and one Godmother.
- You can have just one godparent if you choose.
- Some meeting/discussions with the priest prior to the Baptism.
- All baptism is done after Sunday mass.

Meet or Talk with Father Cyril Okebanama about the Baptism: Date/Time _____

Baptism Date: _____.

St Anne Parish – Mattawa241 Second Street, P.O. Box 160

Mattawa ON POH 1V0

E-mail: stannemattawa@gmail.com

Phone # 705-744-5391