

## ST. NORBERT CHURCH

100 Regent Road, North York, ON M3K 1H3 Tel: 416-636-0213

## **BAPTISM REGISTRATION FORM**

FOR OFFICE USE ONLY	
Date & time of Baptism:	Meeting with Priest
Date of Prep Class:	Donation:
Devials Informations	
I am currently a registered parishioner of St. Norbert I currently do not live within the territorial boundaries If family is attending another parish, letter of permiss	s of the parish, but I am formally registered at the parish.
The following original documents are required to  • Child's Birth Certificate	book a Baptism date:
<ul> <li>Parents Baptism/Sacrament of Marriage Certificat</li> </ul>	e
Godparents if not married Confirmation/Sacramen	
PLEASE PRINT CLEARLY IN BLOCK CAPITALS AS PE	ED ODICINAL DOCUMENTS
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Name of Child: First Name	Middle Name
First Name	Middle Name
ast Name/Surname	
Date of Birth: F	
(Month/Day/Year)  PARENTS:	(City) (Country)
Married in Catholic Church Common Law	Single Other
	Single Other
Name of Father: First Name	Middle Name
_ast Name/Surname	
Name of Mother:	
First Name Maiden Name: (Before Marriage):	Middle Name
9	<del></del>
City: ————————————————————————————————————	Postal Code:
-lome Telephone #:	Work #:

## **Godparent's Information**

Eligibility of Godparent(s):			
Canon 873 There is to be only one male godparent or of	one female godparent or one of	each,	
The following are the requirements in order for a Catho - at least 16 years of age - he/she has been fully initiated in the Catholic Chu - in good standing with the Catholic Church: live a - not the father or mother of the one to be baptized	rch (received Baptism, Holy Con	nmunion, and Confirmation	
Godparent (Full legal name);			Age:
Current Parish:	Middle Name(s)	Last Name City:	
Present Address: Street			
Phone:		City	Postal Code
Fulfills the requirements of canon 874 §1.			
Godparent (Full legal name):			Age:
First Name  Current Parish:	Middle Name(s)	Last Name City:	
Present Address:Street			
Phone:	Email:		
Fulfills the requirements of canon 874 §1.			
Christian Witness' Information			
Eligibility of Christian Witness:			
A Christian Witness for a child's baptism must be a valid A Christian Witness may only participate together with a			ł §2)
Christian Witness (Full legal name):			
First Name Denomination:	Middle Name(s)	Last Na	ime
Present Address:			
Phone:	ci Email:	ty	Postal Code
Fulfills the requirements of canon 874 §2.			
Declaration			
I, the undersigned, declare that the information on this formation on the Name (PLEASE PRINT):	,	curate.	
Signature:		Date:	