



BAPTISM REGISTRATION FORM

Christ the King Syro-Malabar Catholic Church, Saskatoon
 (c/o St. Michael's Church, 18, 33rd Street East, SK S7K 0R7)
 Eparchy of Mississauga, Canada

Date: DD / MM / YYYY

Baptism Name:			
Name of Child:	<small>(first Name)</small>	<small>(last Name)</small>	<small>(House Name)</small>
Child's Date of Birth:	DD / MM / YYYY	Place of Birth:	
Proposed date of Baptism:	DD / MM / YYYY	Time:	
Proposed Church of Baptism:			

PARENTAL INFORMATION			
Name of Father:	<small>(first)</small>	<small>(middle)</small>	<small>(last)</small>
Name of Mother:	<small>(first)</small>	<small>(middle)</small>	<small>(last)</small>
Father's Religion:		Mother's Religion:	
Parish / Eparchy of Origin			
Envelope Number:			
Address			
House#:	Apt#:	Street:	
City:	Postal Code:		
Phone (home):	(Cell):		
GOD PARENTS			
God Father:	<small>(first name)</small>	<small>(last name)</small>	
God Mother:	<small>(first name)</small>	<small>(last name)</small>	
Religion:		Phone:	
Parish			
Eparchy			

Signature:

OFFICE USE ONLY

Celebrant:	Date of Baptism: DD / MM / YYYY
Other Remarks:	