St. Cecilia's Parish 321 90 Ave SE Calgary AB T2J 0A1 Ph 403-252-2790 office@stcecilicalgary.com

## INFANT BAPTISM APPLICATION

\*If you live outside our parish boundary you  $\underline{MUST}$  provide a letter of permission from the parish where you reside\*

Date of Application:			
Requested Date:			
	<del></del>	or, once the class has been completed. If you did r from that parish stating when you completed	
		ING THE CHILD	
(legal) Surname of Chi	ld:		
Given Names:			
Date & Place of Birth:			
A COPY (	OF YOUR CHILD'S BIRTH CE	RTIFICATE IS MANDATORY	
Why are you seeking	g baptism for your child?		
IN	FORMATION REGARDING  Please do not leave ar		
	Father	Mother	
Surname:			
Given Names:			
Full Address:			
Phone Number:			
Email:			
Religion:			
Parish Territory Where You Reside			
Regular or Occassional Attendance			

	INFORMAT	ION REG	ARDIN	G MARRIAGI	E OF PARENTS
Date of We	edding:				
Was the W	edding Catholic?				
If not, then	what?				
Place of M	arriage:				
	INFO	)RMATIC	)N REG	ARDING SPO	NSORS
	,				LICS. 16+ years of age.
					ertificate and/or date*
Name		Parish Wh	ere They	Were Confirmed	Current Parishoner Of:
	Age:	Date:			
	Age:	Date:			
Other Chi	ldren in your family:				OUR FAMILY
Name:			Age:	Church of Baptism:	
Name:			Age:	Church of	
ivaine.			Age.	Baptism:	
	<b>*</b> ФТИО О	ECTION TO			IOF ON VAV
Class Con		ECTION TO	BE FILL	ED OUT BY OFF Date:	ICE ONL Y **
	vith Pastor:			Date:	
Birth Cert					
Letter from	n Other Boundary:				
Godparen	t 1 Confirmation				
Godparen	t 2 Confirmation				
Signature	of Pastor:				_

In signing this application you are acknowledging that all information stated above is true and accurate.