



St. Gabriel the Archangel Catholic Parish

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BAPTISM REGISTRATION FORM

Child's Information (as spelled on Birth Certificate)

Name: _____ Sex (M/F) _____

(First) (Middle) (Surname)
Date of Birth: _____ Place of Birth (City, Prov): _____

Parents' Information

Father's Full Name: _____
(First) (Middle) (Surname)

Father's Religion: _____ Baptised in this Faith? Yes No

Mother's Full Name: _____ Maiden Name: _____
(First) (Middle) (Surname)

Mother's Religion: _____ Baptised in this Faith? Yes No

Parents' Address: _____ City, Prov: _____

Home Phone No: _____ Cell Phone No.: _____

Email Address: _____

General Information: This child is your: First Second Third Other _____

Are you already registered at St. Gabriel the Archangel Parish? Yes No

Have you attended a Baptismal Preparation Class within the last 3 years? Yes No

If so, when and where? _____

Do you attend Sunday Mass regularly? Father: Yes No Mother: Yes No

If you are married, is this your first marriage? Father: Yes No Mother: Yes No

If you are married, did the current marriage take place in a Catholic Church?

If "Yes" - Name of the Church: _____ If "No" - Other Church's Name: _____

If Civil Ceremony - Where: _____

Are you in a common-law union? Yes No Are you a single parent? Yes No

If you are divorced, did the first marriage take place in the Catholic Church? Yes No

Sponsors' Information: At least one sponsor **must be** a Catholic who has received the Sacrament of Confirmation. A proxy is only necessary if the sponsor is unable to attend the Baptism ceremony.

1. Sponsor's Name _____ Religion _____

2. Sponsor's Name _____ Religion _____

Proxy's Name _____ Religion _____

Attachments Needed:

Copy of Birth Certificate Attached Yes No Date received: _____

Baptism Registration Fee included Yes No Date received: _____

Preferred Baptism Month and Day: _____ Date Confirmed: Yes No

Office Notes: Date Received: _____ Phone contact made: Yes No Date: _____

Baptism preparation required?: Yes No If yes: Date: _____ Time: _____ Attended: Yes No

Meeting with the priest required?: Yes No If yes: Date: _____ Time: _____ Attended: Yes No