



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:	(first Name)	(last Name)	(House Name)
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:	(first)	(middle)	(last)
Name of Mother:	(first)	(middle)	(last)
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:	(first name)	(last name)	
God Mother:	(first name)	(last name)	
Religion:	Phone:		
Parish			
Eparchy			

Signature:

OFFICE USE ONLY

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