

St. Hedwig's Church

411 OLIVE AVENUE
OSHAWA, ONTARIO L1H 2P9
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BAPTISMAL ARRANGEMENT

CHILD:

GIVEN NAME(S) _____

SURNAME _____

DATE OF BIRTH _____ _____ _____ PLACE _____
 DAY MONTH YEAR

DATE OF BAPTISM _____ _____ _____ TIME _____ LANGUAGE _____
 DAY MONTH YEAR

DATE OF PREPARATION FOR PARENTS AND GODPARENTS _____ _____ _____
 DAY MONTH YEAR

PARENTS:

FATHER'S FULL NAME _____ RELIGION _____

MOTHER'S MAIDEN NAME AND FIRST NAME _____

RELIGION _____

ADDRESS _____

TELEPHONE _____

REGISTERED MEMBER OF WHICH PARISH? _____

DO YOU SUPPORT YOUR PARISH? _____

WERE YOU MARRIED IN A CATHOLIC CHURCH YES _____ NO _____

NAME OF THE CHURCH _____

DATE OF MARRIAGE _____ _____ _____
 DAY MONTH YEAR

GODPARENTS:

1. SHOULD BE PRACTISING CATHOLICS, SINGLE OR MARRIED, IN ROMAN CATHOLIC CHURCH.
2. SHOULD BE AT LEAST 16 YEARS OF AGE.

GODFATHER _____

HIS PARISH _____

GODMOTHER _____

HER PARISH _____