



# Lake Huron Catholic Family of Parishes

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**BAPTISM APPLICATION FORM** This form is to be completed by all parents wishing to have their child baptized. The date and time of your child's baptism will be confirmed by the office and Pastor/Deacon.

CHECK OFF ONE Parish location for the Baptism <input checked="" type="checkbox"/>					
<input type="checkbox"/> St. Boniface, Zurich	<input type="checkbox"/> St. Peter's, St. Joseph	<input type="checkbox"/> Immaculate Heart of Mary, Grand Bend	<input type="checkbox"/> Our Lady of Mt. Carmel, Mt. Carmel	<input type="checkbox"/> Precious Blood, Exeter	<input type="checkbox"/> St. Peter's, Goderich

CHILD'S FULL NAME: \_\_\_\_\_ Gender: M F  
First Name Middle Name(s) Family Name

DATE OF BIRTH(mm/dd/yyyy): \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT/UN: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

Church of Baptism (include place and date): \_\_\_\_\_

Address: \_\_\_\_\_

MOTHERS'S FULL NAME (include your family name at birth): \_\_\_\_\_

RELIGION: \_\_\_\_\_

Church of Baptism (include place and date): \_\_\_\_\_

Address: \_\_\_\_\_

PLACE OF MARRIAGE: \_\_\_\_\_

Name of Church

Location

Denomination

I/WE ATTEND CHURCH AT: \_\_\_\_\_ Are you registered members? Yes \_\_\_ No \_\_\_

For Office Use Only	Notes
Form Received	
Contacted	
Prep. Meeting	
Baptism	
Registry	

I/We wish to have our child baptized at (Church name here) because:

To have a child baptized, parents have to promise to raise their child in the Catholic faith. How will you fulfill that Promise?

*Church law requires at least one godparent to be chosen for Baptism. To be a Godparent one must be a Roman Catholic who has already received the sacraments of Baptism, Confirmation and Eucharist. When the second person who is not a Roman Catholic is chosen, this person can act as a Christian witness.*

**The godparent(s) will be:**

First Name	Surname	Religion
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Church of Baptism (include date and place): \_\_\_\_\_

First Name	Surname	Religion
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Church of Baptism (include date and place): \_\_\_\_\_

I/We understand that the information provided on this form is for the use of the Lake Huron Catholic Family of Parishes for providing pastoral care and will not be shared with any other organization.

FATHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MOTHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Type your names and check box to confirm signatures.

**(Both Parents must sign this application and please return to:**

**lakehuroncatholic@dol.ca**

)

Check the box to confirm signatures.

Use the button to save the file to your computer and then attach the file to an email.