

Proof of Emergency Baptism

(_____ Hospital)

On the _____ day of the month of _____ in the year _____

I, the undersigned _____ have summarily baptized
(Name of Minister of Baptism)

the child _____ (_____)
Given names Sex

born on the _____ day of the month of _____ in the year _____

at _____
hospital, municipality, province

the infant child of _____
Given name and surname of father

and of _____
Given name and maiden name of mother

residing at _____
full address postal code telephone

in the parish of _____ Diocese of Saint John

Signature of the Minister of Baptism

Proof of Confirmation

The child was also confirmed at _____

on _____ by the undersigned priest _____

Signature of the Minister of Baptism

Notice to Parents: If the child survives, the parents are requested to present this document to the person in their parish. The child will then be publicly received in the Church during a liturgical celebration and the child's name entered in the Baptismal Register.

Address of Parents _____