

# St. Joseph Roman Catholic Church

In the archdiocese of Grouard-McLennan  
10404-102 St, Grande Prairie, Alberta, T8V 2W3

# Request For Infant Baptism

For the purpose of baptism, an infant is a person under the age of 7

## Baptism Information Form

DATE: \_\_\_\_\_

			Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Baby's Name: _____			
First Name	Middle Name	Last Name	
Date of Birth: _____			Place of Birth: _____
year	month	day	City & Province
Mother: _____		Roman Catholic:	
First Name	Maiden Name	<input type="checkbox"/> Baptized <input type="checkbox"/> Confirmed	
		<input type="checkbox"/> Other: _____	
Father: _____		Roman Catholic:	
First Name	Family Name	<input type="checkbox"/> Baptized <input type="checkbox"/> Confirmed	
		<input type="checkbox"/> Other: _____	

<b>Additional Information:</b>		
Mailing Address:		
_____		
Street Address	City	Province
Postal Code: _____	Home Phone Number _____	
	Day Phone Number _____	
Language (s) spoken _____		
Marriage - Date, City & Name of Church: _____		
Does either the Mother or Father of this baby object to the baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you completed a <i>current</i> Baptismal Preparation Class? <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____		
<b>Children at Home</b>		
C1 _____	Birth Date ____/____/____	Gender _____
First Name	Year Month Day	M/F
C2 _____	Birth Date ____/____/____	Gender _____
C3 _____	Birth Date ____/____/____	Gender _____
C4 _____	Birth Date ____/____/____	Gender _____
C5 _____	Birth Date ____/____/____	Gender _____

Roman Catholic Godparent(s) (To be a godparent is a ministry within the Catholic Church– you may choose to have either 1 or 2 Roman Catholic godparents for your child.)

Roman Catholic

Godmother: \_\_\_\_\_  
First Name Last Name

Roman Catholic

Godfather: \_\_\_\_\_  
First Name Last Name

**Christian Witness** [Optional– You may have one Roman Catholic godparent and a Christian Witness for your baby's baptism. A Christian Witness is a non-Catholic baptized Christian who serves as a witness to your baby's baptism in addition to one or two Roman Catholic godparent(s).]

\_\_\_\_\_  
First Name Family Name Religion

Date and Time of Baptism: \_\_\_\_\_  
*Please check with the parish office BEFORE you select the date for your baby's baptism.*

Priest presiding \_\_\_\_\_

*For Baptisms to be Celebrated Outside of Grande Prairie*

If you live in Grande Prairie and are members of St. Joseph Parish but would like to celebrate your baby's baptism in another Roman Catholic Parish we are required to contact that parish and send along a copy of the information noted on the front of this page. To aid us in this please complete the following:

Name of the Roman Catholic Parish that you would like to celebrate your child's baptism in: \_\_\_\_\_

Mailing address of the Parish: \_\_\_\_\_  
Street address City

\_\_\_\_\_  
Province Postal Code

Parish Phone Number: \_\_\_\_\_ Parish Fax Number: \_\_\_\_\_

Name of Parish Pastor or Administrator: \_\_\_\_\_

Baptism Interview

1. Why do you wish your child to be baptized in the Catholic Church?

2. We recognize that it can be difficult at times to attend Mass. How often are you able to come to church?

3. Do you participate in other church activities?

\* NOTES: