Baptism of a Child Form — Appendix 603A

Attach a copy of the child's Birth Certificate (with parentage)

Correct spelling of all names is very important.

We [I], the undersigned, are[am] the								
☐ birth parents								
adoptive parents								
birth/adoptive mother — Do you have the legal right to have your child Baptized without the other parent's consent?								
□ birth/adoptive father — Do you have the legal right to have your child Baptized without the other parent's consent? □ Yes								
court appointed guardian — Do you have the sole legal right to have this child Baptized?								
other: — Do you have the consent of the parent(s) or guardians(s) to have this child Baptized? Yes								
Of								
Child's Name:								
Last Name	Given Nam	ne(s)						
Birthdate: Place of Birth: _		Province		_ M	□fi			
	City/ Town	Province	Country					
In case of adoption								
Present a copy of the Adoption Order from the Court of Judgment.								
Date (dd/mmm/yy): Adoption Order No.:								
In case of court appointed/permanent/private guardianship								
Present a copy of the Guardianship Order from the Court of Judgment.								
Date (dd/mmm/yy):	Guardian	Guardianship Order No.:						
We[I] are[am] requesting to have this child Baptized according to the Rite of the Roman Catholic Church and accept the responsibility of raising him/her in the Faith.								
Signature: mother legal guardian other	- 5	Signature:	legal guardian [other				
Witness (signature)	Ī	Witness (signature)						
Date (dd/mmm/yy)	- [Date (dd/mmm/yy)						



Mother:		Father:	Father:			
Maiden Name		Last Name	Last Nama			
waiten name		Last Name				
Given Name(s)		Given Name(s	Given Name(s)			
Date of Birth (dd/mmm/yy)	Date of Baptism (d/m/y) Religion	Date of Birth (Date of Birth (dd/mmm/yy) Date of Baptism (d/m/y) Religion			
Address		Address				
City/Town Pro	ovince Postal Code	City/Town	Province	Postal Code		
Phone:		Phone:				
(home)	(work)	(home)	(work)			
(cell) En	nail	(cell)	Email			
Marriage:						
Date (dd/mmm/		of Marriage (Parish, C	ity)			
Because of illness or other circumstances, did this child receive Baptism other than in a church?						
No Yes if yes, please provide: Date (dd/mmm/yy) Place Administered by						
The sponsor must NOT be	nale, is sufficient; but there may be either the father or the mother eceived the sacraments of Baptism (4).	of the one to be bar	otized (c.874 §1,5°).	cing Catholic, and be at		
		\square M \square \square F	Testimonial of Suitabil	ity by Parent(s) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Last Name	First Name(s)		Testimonial of Suitability by Parent(s)			
Additional Sponsor:						
Last Name	First Name(s)		Testimonial of Suitability by Parent(s) Tes			
Baptism Preparation:						
	Date (dd/mmm/yy)	Place [e.g. Parish]				
	FOR O	FFICE USE ONLY				
Permission granted to have this child Baptized.						
Parish of Baptism (Name, City/Town):						
Date of Baptism (dd/mm	m/yy):					
Pastor (signature)	Parish (Name,	Parish (Name, City/Town)		Date (dd/mmm/yy)		

