



St. Benedict's
An Ordinariate Mission in Edmonton

Please PRINT in capital letters

BAPTISM FORM

Full Name of Applicant: _____

Date of Birth: _____

City, Province & Country of Birth: _____

Date of Baptism: _____

(To be completed by Parish Secretary)

Father's Full Name *(for Child)*: _____

Father's Christian Denomination: _____

Father's Email Address: _____

Mother's Full Maiden Name *(for Child)*: _____

Mother's Christian Denomination: _____

Mother's Email Address: _____

Home Address: _____

Home Telephone Number: _____

Sponsor's Full Name *(for Adult)*: _____

(Verification Form required - please attach)

Godfather's Full Name *(for Child)*: _____

(Verification Form required - please attach)

Godmother's Full Name *(for Child)*: _____

(Verification Form required - please attach)

Please return completed form(s) to:

Luke Gervais, Secretary

office@edmontonordinariate.com

St. Benedict's

office@edmontonordinariate.com | 3635 116 Avenue Edmonton, AB T5W 0W7 | EdmontonOrdinariate.com
a mission of St. John the Evangelist, Calgary Catholic Congregation, Inc.