

St. John the Evangelist Catholic Church  
150 Georgina St., P.O. Box 151, Arthur, Ontario  
519-848-2018 stjohnarthur@hamiltondiocese.com

**BAPTISMAL INFORMATION**

Name of Child: \_\_\_\_\_ M ☐ F ☐

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Was the child privately Baptized?: yes\_\_ no\_\_

Father's Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Mother's Name (*Maiden Name*): \_\_\_\_\_

Religion: \_\_\_\_\_

Married:\_\_\_ Single:\_\_\_ Common Law:\_\_\_ Civil:\_\_\_

Church of Marriage: \_\_\_\_\_

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

Town \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

God Parents: \_\_\_\_\_  
(Catholic  
Only) \_\_\_\_\_

Christian Witness: \_\_\_\_\_

Request Date of Baptism: \_\_\_\_\_

Are you Registered in this Parish?: \_\_\_\_\_

Date of Baptismal Preparation: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_