



# ST. PETER'S ROMAN CATHOLIC CHURCH

100 Bainbridge Ave, Woodridge, Ontario L4L 3Y1  
Tel: 905 851-3600 Fax: 905 856-0171

## REGISTRATION FORM FOR BAPTISM

**Please complete this form and submit to parish office by email.**

**Make sure to include required documents before submitting to prevent delays in booking.**

*(ex: baptismal certificates)*

**Email: [office@stpeterswoodbridge.com](mailto:office@stpeterswoodbridge.com)**

*Once you complete and submit your registration it is important to understand that you will need to wait for the parish office to contact you to finalize and approve your registration.*

*Please **DO NOT** book any venues, until office has contacted you to officially book your Childs Baptism.*

**Registration Date:** \_\_\_\_\_

Please answer the question that best applies to you:

I currently live within the territorial boundaries of St. Peter's Parish.  
Are you a registered member  YES  NO

I currently DO NOT live within the territorial boundaries of St. Peter's Parish,  
but I am formally registered.

I currently DO NOT live within the territorial boundaries of St. Peter's Parish and will provide  
St. Peter's Parish with a *Letter of Permission* from my community parish.

I am currently NOT REGISTERED with a parish.

If you are currently NOT registered with a parish, please locate your nearest Church as we recommend you register as a family within your territorial boundaries. **Please note that you will be required to obtain a *Letter of Permission* from your local parish in order to have your child Baptized at our parish.**

Please state **reason** you are requesting to Baptize your child at St. Peter's Parish.

What are your connections with our Parish?

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**Please REMEMBER to obtain a *Letter of Permission* from your local parish.**

As it is the duty of BOTH parents to help raise your child in the Christian faith, both parents should participate in answering the following question:

**“ Why are we seeking Baptism for our Child? (please be assured that this is not a test but simply a way of helping you to seriously consider your decision to have your child baptized)**

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# CHILD'S INFORMATION:

Full legal name of Child as it appears on the official Birth Certificate.

Child's Surname: _____	Child's First and Middle Name: _____	
Last Name	First Name	Middle Name (s)
Date of Birth: _____ (Day/Month/Year)		City of Birth: _____

## PARENT(S) INFORMATION:

Were you married in a Catholic Church?  Yes  No Place of Marriage: \_\_\_\_\_

### FATHER'S INFORMATION (Full Legal Name)

\_\_\_\_\_  
First Name Middle Name Last Name

I am a parent, or have legal custody of the child.  Other: \_\_\_\_\_

Religion:  Roman Catholic  Other Specify: \_\_\_\_\_  None

If Baptized Catholic please provide us with a copy of your Baptismal Certificate

Yes  No  Baptized at St. Peters Church (no need to provide a copy of certificate)

### Present Address Information:

Street City Postal Code

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

### MOTHER'S INFORMATION (Full Legal Name & Maiden Name)

\_\_\_\_\_  
First Name Middle Name Last Name Maiden Name

I am a parent, or have legal custody of the child.  Other: \_\_\_\_\_

Religion:  Roman Catholic  Other Specify: \_\_\_\_\_  None

If Baptized Catholic please provide us with a copy of your Baptismal Certificate

Yes  No  Baptized at St. Peters Church (no need to provide a copy of certificate)

### Present Address Information: SAME AS ABOVE

Street City Postal Code

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_



**CHRISTIAN WITNESS INFORMATION:**

Eligibility of Christian Witness:

A Christian Witness must be a validly baptized Christian of a non-Catholic Church

A Christian Witness may only participate together with a catholic sponsor (*canon 874*)

**CHRISTIAN WITNESS INFORMATION: (IF APPLICABLE)**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

AGE \_\_\_\_\_

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

Fulfills the requirements of Canon Law Listed above

**ATTENTION NON CATHOLIC parent, please consent below:**

I \_\_\_\_\_, **mother /father** (circle one)  
*Parents Name*

of \_\_\_\_\_ give my full permission to have my child Baptized  
*Child's Name*

**in the Roman Catholic Faith here at St. Peters Parish, in Woodbridge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DECLARATION: Please Complete Below**

I the undersigned, declare that the information on this registration is true and accurate.

Name (please print): \_\_\_\_\_ **mother/father** (circle one)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY-please leave blank**

**Date of Baptism**

**Baptismal Class**

Fr. \_\_\_\_\_

Reviewed by: \_\_\_\_\_