



# Request For Baptism Form

**CHILD'S FULL NAME:** \_\_\_\_\_  
first name middle name(s) family name

PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**FATHER'S FULL NAME:** \_\_\_\_\_ RELIGION: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**MOTHER'S FULL NAME** (include your **family name** at birth): \_\_\_\_\_

RELIGION: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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Date received: \_\_\_\_\_

Notes:

St. Andrew Parish  
47 Reynolds Street, Oakville, ON L6J 3J9  
Phone: 905-844-3303  
E-Mail: [lbrown@hamiltondiocese.com](mailto:lbrown@hamiltondiocese.com)