



## 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:** \_\_\_\_\_ **RELIGION :** \_\_\_\_\_  
(INCLUDE YOUR FAMILY NAME AT BIRTH)

**ADDRESS :** \_\_\_\_\_

**E-MAIL :** \_\_\_\_\_ **PHONE # :** \_\_\_\_\_

Are you registered members of St. Andrew Parish? Yes  No

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

**NOTES :**