



# Holy Cross

Roman Catholic Parish  
BAPTISMAL INFORMATION

**Full Name:**

First Middle Last

**Birth Date:**

**Birthplace & Hospital:**

**PARENTS**

**Father**

(Full Name):

Address:

Diocese:

Phone:

**Mother**

(Full Name &

Maiden Name):

Address:

Diocese:

Phone:

E-mail:

*(If parents are separated, enter both addresses and both Dioceses, as applicable)*

**SPONSORS**

**Godfather:**

Address:

Parish:

Catholic?  
(check if YES)

Diocese

**Godmother:**

Address:

Parish:

Catholic?  
(check if YES)

Diocese

Please email the completed form to [office@holycrossparish.ca](mailto:office@holycrossparish.ca) or bring it to the parish office (252 Dubuc Street).

**PARISH INFORMATION**

<b>Baptism Date:</b>		<b>Time:</b>	
<b>Celebrant:</b>		<b>Notes:</b>	
<b>DATE BAPTISM PREPARATION SESSION COMPLETED</b>	<b>LOCATION</b>	<b>BAPTISM PREPARATION SESSION FACILITATOR</b>	
	Holy Cross Parish	Fr. Ani Xavier, OFM Cap	