



***Holy Rosary Church***

354 St. Clair Ave. West

Toronto, ON M5P 1N4

416-923-8471

**Baptismal Information**

Name of Child \_\_\_\_\_  
(as the child's name should appear on the Baptism Certificate, last name underlined)

Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Father \_\_\_\_\_ Religion \_\_\_\_\_

Name of Mother \_\_\_\_\_ Religion \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Church where the parents married \_\_\_\_\_

Sponsor/Godparents:

1. \_\_\_\_\_ Religion \_\_\_\_\_

2. \_\_\_\_\_ Religion \_\_\_\_\_

**Office Use Only**

Do the parents regularly attend Holy Rosary Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Baptismal Course \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Baptized by \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Other Annotations: \_\_\_\_\_

\_\_\_\_\_