St. Charles Garnier Church
129 Hughson Street South
Hamilton, Ontario L8N 2B3
Phone: 905–528-0074
Email: scgchurch@cogego.net
www.stcharlesgarnier.com

APPLICATION FOR BAPTISM

NAME OF THE CHILD:_____
First Middle Last

DATE OF BIRTH: _____ **PLACE OF BIRTH:**_____
Day/Month/Year

FATHER: _____ **RELIGION:**_____
First name Middle Last

MOTHER:_____**RELIGION:**_____
First name Middle Maiden Name

GODFATHER:_____**RELIGION:**_____
First name Last name

GODMOTHER:_____**RELIGION:**_____
First name Last name

PARENTS' ADDRESS _____
Street No. Unit No./Apt. No.

CITY:_____**POSTAL CODE:**_____
TEL. NO. _____ **Email address:**_____

MARRIED IN:_____
Name of Church City Denomination
PARISH YOU BELONG TO:_____**REGISTERED? (Y) (N)**

For Office Use Only: Preparation Meeting Date:_____
Date of Baptism:_____ **Time:**_____
Date entered in Register:_____ **By:**_____**Certificate Provided: Y/N**