



47 Reynolds Street, Oakville, ON L6J 3J9
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Request For Baptism

CHILD'S FULL NAME: _____
first name middle name(s) family name

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

ADDRESS: _____ APT/UNIT #: _____

CITY: _____ POSTAL CODE: _____ PHONE #: _____

FATHER'S FULL NAME: _____ RELIGION: _____

Address: _____

E-Mail: _____ PHONE #: _____

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

RELIGION: _____

Address: _____

E-Mail: _____ PHONE #: _____