



ST THERESE
Catholic Church

Baptism Request Form

Are you a registered, actively participating member of St. Therese? Y / N

Full Name of Child: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Child City of Birth: _____

Child Date of Birth: _____

Godparent Name: _____ Catholic? Y / N

Godparent Name: _____ Catholic? Y / N

*Requested Date of Baptism: _____

Primary Contact Name: _____

Phone: _____ Email: _____

***Please note: Baptisms are normally celebrated on Saturday at 3pm. Scan and return this form to Heather McLaren office@catholicwb.org to enquire. Not all requested dates may be available.**