

ST. MARK'S PARISH BAPTISMAL INTERVIEW FORM

Baptismal Date: ____/____/____
MM DD YY

Priest's Signature: _____

Interview Date: ____/____/____
MM DD YY

Baptismal Register:

Volume Number: ____

Page Number: ____

Entry Number: ____

Child's Name: _____
Last First Middle

Child's Date of Birth: ____/____/____
MM DD YY

___ Male ___ Female

Child born in: _____
City Province

___ First Child ___ Second Child ___ Third Child ___ Others (please specify)

Mother's Name: _____
Present Last Name First Name Middle Name Religion

Mother's Maiden Name Before Marriage: _____

Father's Name: _____
Present Last Name First Name Middle Name Religion

Parent's Marital Status:
___ Single ___ Commonlaw ___ Married ___ Separated ___ Divorced ___ Widowed

If married, were you married in the Catholic Church? ___ Yes ___ No

If civilly married, do you want to have Convalidation? ___ Yes ___ No

Complete Home Address: _____
Street City Postal Code

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

PRIMARY GODPARENTS:

1. _____ Religion: _____

2. _____ Religion: _____

For additional godparents, please email to secretary@stmarkrcchurch.ca. Thank you!