PARAFIA RÓŻAŃCA ŚWIĘTEGO - HOLY ROSARY CHURCH 11485 - 106 Street NW, EDMONTON, ALBERTA, CANADA T5G 2P8 Tel. (780) 477-2450

## FORMULARZ DO CHRZTU DZIECKA - APPLICATION FOR THE BAPTISM OF A CHILD Keep us, your children, \_\_\_ faithful to our calling

| Nazwisko dziecka: Child's Surname:   |                                | chłopiec / dziewczyna<br>male / female |
|--|--------------------------------|--|
| Imiona dziecka:  |                                |  |
| Data urodzenia dziecka:  |                                |  |
| Child's Date of Birth:  Day Month  | Year                           | Miejscowość - City of Birth            |
| Adres domowy:  Address:  Nr mieszkania / Apt. No. Ulica / Street or                      |                                | m W. J. v. antowy. / Dogtal code       |
| Nr mieszkania / Apt. No. Ulica / Street or   | Avenue Miejscowość / City      | or Town Kod pocztowy / Postal code     |
| Imię i nazwisko ojca: Father's name & surname:   |                                | Tel                                    |
| Imię i nazwisko matki (z domu):  Mother's Name & Maiden Name:                            |                                | Tel                                    |
| Ślub kościelny rodziców:  Church Marriage of Parents:  Data / Date                       | Miejscowość / City             | Parafia / Parish                       |
| Ojciec chrzestny: Godfather's Name:  |                                | Tel                                    |
| Parafia ojca chrzestnego: Godfather's Parish:  |                                |  |
| Matka Chrzestna: Godmother's Name:   |                                | Tel                                    |
| Parafia Matki Chrzestnej:  Godmother's Parish:   |                                |  |
| PROXY:   |                                |  |
| Metryka urodzenia dziecka: Child's Birth certificate with parents' names:                | DATA CHRZTU:  Date of Baptism: |  |
| DATA PRZYGOTOWANIA:  Date of Instructions:   | Godzina: Time:                 | Język:<br>Language:                    |
| Należy do tej parafii: tak r   | nie GZARARA                    |  |
| Member of this parish:yes  | no SZAFARZ:                    |  |
| Kśiążecka dla rodziców / Parent Booklet:  Kśiążecka dla chrzestnych / Godparent Booklet: |                                |  |

## Baptism of a Child Form — Appendix 603A

## Attach a copy of the child's Birth Certificate (with parentage)

Correct spelling of all names is very important.

| We [I], the undersigned, are[am] the   |   |  |  |
|--|---|--|--|
| ☐ birth parents  |   |  |  |
| adoptive parents   |   |  |  |
| birth/adoptive mother – Do you have the legal right to have your child Baptized without the other parent's consent?  |   |  |  |
| ☐ birth/adoptive father — Do you have the legal right to have your child Baptized without the other parent's consent? ☐ Yes  |   |  |  |
| court appointed guardian — Do you have the sole legal right to have this child Baptized?   |   |  |  |
| other: — Do you have the consent of the parent(s) or guardians(s) to have this child Baptized ? [ Yes  |   |  |  |
| Of   |   |  |  |
| Child's Name:  |   |  |  |
| Last Name Given I  | Name(s)                                 |  |  |
| Birthdate: Place of Birth: City/Town   |   |  |  |
| In case of adoption  | Trovince Country                        |  |  |
| Present a copy of the Adoption Order from the Court of Judgment.   |   |  |  |
| Date (dd/mmm/yy): Adoption Order No.:  |   |  |  |
|  |   |  |  |
| In case of court appointed/permanent/private guardianship  |   |  |  |
| Present a copy of the Guardianship Order from the Court of Judgment.   |   |  |  |
| Date (dd/mmm/yy): Guardianship Order No.:  |   |  |  |
| We[I] are[am] requesting to have this child Baptized according to the Rite of the Roman Catholic Church and accept the responsibility of raising him/her in the Faith. |   |  |  |
| Signature:  mother  legal guardian  other  | Signature:  father legal guardian other |  |  |
| Witness (signature)  | Witness (signature)                     |  |  |
| Date (dd/mmm/yy)   | Date (dd/mmm/yy)                        |  |  |



| Mother:   | Father:  |
|---|--|
| Maiden Name   | Last Name  |
| Given Name(s)   | Given Name(s)  |
| Date of Birth (dd/mmm/yy) Date of Baptism (d/m/y) Religion  | Date of Birth (dd/mmm/yy) Date of Baptism (d/m/y) Religion |
| Address   | Address  |
| City/Town Province Postal Code  | City/Town Province Postal Code                             |
| Phone:  | Phone:   |
| (home) (work)   | (home) (work)  |
| (cell) Email  | (cell) Email   |
| Marriage:   | E Manufacta (Double Cited)                                 |
|   | Marriage (Parish, City)                                    |
| Because of illness or other circumstances, did this chil  No Ses if yes, please provide:  Date (dd/mmm/yy)  |  |
| SPONSORS: (Godparent)  One sponsor, male or female, is sufficient; but there may be The sponsor must NOT be either the father or the mother of The sponsor must have received the sacraments of Baptism, least 16 years of age (c.874).  Sponsor: (Godparent) |  |
| Last Name First Name(s)   | _  |
| Additional (Sponsor/Godparent)  |  |
| Last Name First Name(s)   | _  |
| Baptism Preparation: (during COVID it is Date (dd/mmm/yy) on the date of Baptism  | Place (e.g. Parish)  |
| Permission granted to have this child Baptized. (if   | f to be baptised at other parish they your own)            |
| Parish of Baptism (Name, City/Town):  | Date   |
| of Baptism (dd/mmm/yy):   |  |
| Pastor (signature) Parish (Name, Ci   | ity/Town) Date (dd/mmm/yy)                                 |

