

BAPTISMAL FORM
Sacred Heart Cathedral

406 Steele Street, Whitehorse (YT) Y1A 2C8
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CHILD'S NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S NAME: _____

FATHER'S RELIGION: _____

MOTHER'S MAIDEN NAME: _____

MOTHER'S RELIGION: _____

ADDRESS: _____

POSTAL CODE: _____

PHONE NUMBER: _____

GODPARENTS: _____

GODPARENTS RELIGION: _____

PROXY: (IF GODPARENTS ARE NOT GOING TO BE AT THE BAPTISM)

**I AUTHORIZE SACRED HEART CATHEDRAL TO PUBLISH THE NAME OF MY CHILD
IN THE PARISH BULLETIN AND ON THE PARISH WEBSITE**

YES

NO

DATE AND TIME OF BAPTISM: _____

BAPTIZED BY: _____