

APPLICATION FORM FOR BAPTISM

Eparchy of Mississauga



St. Alphonsa Syro-Malabar Catholic Cathedral Mississauga

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Email: office@stalphonsacathedral.ca Website: www.stalphonsacathedral.ca

Baptismal Register No.:	Envelop#:		
Baptismal Name	:		
First Name	:	Last Name:	
Family Name	:		
Date of Birth	:	Date of Baptism:	Place of Birth:
Parish	:		
Diocese	:		
Christian Denomination/Rite	:		
First & Last Name of Father	:		
First & Last Name of Mother	:		
First & Last Name of God Father	:		
Parish & Eparchy of God Father	:		
First & Last Name of God Mother	:		
Parish & Eparchy of God Mother,	:		
Place of Baptism	:		
Minister of Baptism	:		
Confirmation	:		
Address. House #:	Street:	Apt/Suite#:	
City:	Province:	Postal Code:	

I **hereby** declare that the details furnished above are **true** and **correct** to the best of **my knowledge** and belief and I undertake to inform you of any changes therein, immediately.

Name:
Signature:
Date: