



CATHEDRAL OF THE HOLY FAMILY

123 Nelson Road
Saskatoon, SK S7S 1H1 Canada
P: (306) 659-5800 F: (888) 897-7980

www.holyfamilycathedral.ca

REGISTRATION FOR BAPTISM

Registration/Contact Date: _____

Child's Full Name: _____ (__ M / __ F)

Date of Birth: _____ Place of Birth: _____

Father's Name: _____

Religious Denomination: ___ Roman Catholic, or Other: _____

Mother's Name (*incl. maiden*): _____

Religious Denomination: ___ Roman Catholic, or Other: _____

Home Address: _____

Postal Code: _____ Email: _____

Phone Number(s): _____ , _____

Godparents: _____

(if known) _____

Notes: _____

After completing this form, please bring it to our office or email it to info@holyfamilycathedral.ca

For office use only

Preparation & Information Package

Taken baptism prep? Yes No If yes, where? _____

If no, Prep Class Dates: _____

Baptism Package: Course Reception Concierge Other: _____

Celebration

Date of Baptism: _____ Time: _____

Minister: _____