

ST. BARNABAS PARISH

10 WASHBURN WAY
SCARBOROUGH, ON
M1B 1H3

Tel: 416-298-0989 Fax: 416-298-8959

Email: stbarnabaschurch@bellnet.ca

Date Form Submitted: _____

CHILD'S INFORMATION

Gender: Female Male

Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: (DD/MM/YYYY): _____ Place of Birth (City, Country): _____

PARENT'S INFORMATION

FATHER

Last Name: _____ First Name: _____ Religion: _____

MOTHER:

Last Name: _____ First Name: _____ Religion: _____

Are you married? Yes No If yes, was it in the Catholic Church? Yes No N/A
Name of Catholic Church married in? _____

CONTACT INFORMATION

Home Address: _____ Unit #: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Home Telephone # _____ Other Telephone # _____

Are you a registered parishioner of St. Barnabas Parish? Yes Since: _____ No
If Yes, do you use envelopes? Yes No
Is this your first child? Yes No
Do you attend mass together? Yes No
How often do you attend Mass? _____

GODPARENTS

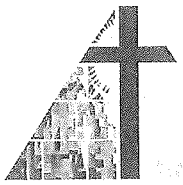
FATHER: Last Name _____ First Name _____ Baptized & Confirmed Catholic? Yes No

MOTHER: Last Name _____ First Name _____ Yes No

OFFICE USE ONLY:

1st Meeting Date: _____ Class Date: _____ Baptism Date: _____

* Please review the required documents on the reverse page.



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Before returning this form, please make sure to attach the following documents:

- Your Child's Birth Certificate
- A copy of one of the parent's Baptismal Certificate
- A copy of the godfather's Baptismal Certificate
- A copy of the godmother's Baptismal Certificate