

THE HOLY SACRAMENT OF BAPTISM

This is to Certify

That _____
 Given Names(s) Last Name
 Child Of _____
 Father: Given Name(s) Last Name
 and _____
 Mother: Given Name(s) Maiden Name
 Born in _____
 City/Town Province Country
 on _____
 Date (dd/mmm/yy)

WAS BAPTIZED ACCORDING TO THE RITE OF THE ROMAN CATHOLIC CHURCH

at _____ Roman Catholic Church
 Church Name
 in _____
 City/Town Province Postal Code Country
 on _____
 Date (dd/mmm/yy)
 by _____
 Priest
 and _____
 Sponsor: Given Name(s) Last Name
 and _____
 Sponsor: Given Name(s) Last Name

AND RECORDED IN OUR BAPTISMAL REGISTER

 Date (dd/mmm/yy) Pastor's Signature

 Pastor's Name (printed)



 Parish Name Street Address City/Town Province Postal Code

See reverse for notations



The Catholic
 Archdiocese
 of Edmonton

Notations

Confirmation:

Marriage:

Holy Orders:

Religious Profession:

