ROMAN CATHOLIC DIOCESE OF CALGARY

120 - 17 Avenue S.W. Calgary, Alberta, Canada T2S 2T2
Phone: (403) 218-5528; Fax: (403) 264-0272
E-mail: chancellor@calgarydiocese.ca

CONCERNING THE BAPTISMAL STATUS OF:

Last Name:	Given Name(s):

1.	Are you willing to be truthful in the answers you are about to give?	
2.	How long have you known this person?	
3.	What is your relationship to this person?	

4.	Was this person ever baptized?
a)	What Religion?
b)	When?
c)	Who were the sponsors?
d)	Were you present?

If not, how do you know of baptism?	

Given at:	Date:
Name:	Signature:
Name of Witness:	Signature of Witness:

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