## GUARDIAN ANGELS PARISH BAPTISM APPLICATION FORM

	CE USE ONLY: Approved Hold	Date of Baptism: DD / MM /YYYY			
apt	ism Seminar attended: Yes / No / DATE:				
lopi	es Attached: 📃 Birth Certificate 📃 Baptism Cert	ificate of parent			
nter	viewed by:				
lotes	S:				
	APPLICATION FOR THE BAP By Parent(s) (Please print in capital letters				
•	I, the undersigned, Mother Father apply to have this child baptised according to the Rite of the Catholic Church				
	Child's Last Name Given Name(s	s) Male Female			
	Birth Date (DD/MM/YYY)     Place of Birth				
	Address	Postal Code			
•	Address PARENT INFORMATION	Postal Code			
	PARENT INFORMATION Father	Postal CodeBaptized Y/N Religion			
	PARENT INFORMATION	Baptized Y/N Religion			
	PARENT INFORMATION Father	Baptized Y/N Religion Occupation			
	PARENT INFORMATION         Father	Baptized Y/N Religion Occupation Baptized Y/N Religion			
	PARENT INFORMATION         Father         Surname       Given Name(s)         Mother	Baptized Y/N Religion Occupation Baptized Y/N Religion Occupation			
	PARENT INFORMATION         Father	Baptized Y/N Religion Occupation Baptized Y/N Religion Occupation			
	PARENT INFORMATION         Father         Surname       Given Name(s)         Mother         Maiden Name       Given Name(s)         Address if different from above	Baptized Y/N Religion Occupation Baptized Y/N Religion Occupation Uncertain			
	PARENT INFORMATION         Father         Surname       Given Name(s)         Mother         Maiden Name       Given Name(s)         Address if different from above         Do you live in the parish area?       YesNo	Baptized Y/N Religion Occupation Baptized Y/N Religion Occupation Uncertain Uncertain			

		ame of the parent(s) who have comple			
	No No				
4.	Parent Contact	Phone (Home)	(Cell)		
5.	Do you intend to raise your o	child in the Catholic Faith? Yes	No		
6.	Name of the Patron Saint (optional):				
7.	MARRIAGE INFORMAT	ION			
	Are you married? Yes No				
	Church Marriage Civil Marriage Common Law Other				
	If you were married in a Catholic Church				
	Date of Marriage	Name of Catholic Church	City/Town/Province		
	If you were <u>not married</u> in a Catholic Church				
	Date of Marriage	Name of Venue	City/Town/Province		
	Any other information				
8.	<u>PRIMARY GODPARENT INFORMATION</u> (AT LEAST ONE GODPARENT NEEDS TO BE A BAPTIZED, PRACTICING CATHOLIC)				
	Primary Godparent		Baptized Y/N Religion		
			Baptized Y/N Religion		
	Primary Godparent				
			Baptized Y/N Religion		
9.	Proxy(ies) if needed				

By affirming your signature below, you confirm that the information submitted above is true and correct to the best of your knowledge, and to be held liable for consequences in case of submission of false/incorrect/misleading information; and further agree and accept that Guardian Angels Parish reserves the right to cancel or change the baptism date and/or time at its sole discretion.

\*\*Please print name in capital letters/ upper case below signature.

Signature of Parents:

Date: