

HOLY TRINITY PARISH
2725 Lonsdale Ave., North Vancouver, BC

Information for Baptism

(Kindly Print)

Date _____

Name of the Person to be baptized: _____
Last Name Middle Names First Name

Date of Birth: _____ **Place of Birth:** _____ **Sex:** M / F
Month / Day / Year

Address: _____
Street City Postal Code

Tel: H _____ W _____ C _____

Email: _____

Father's Name		Full Name	Mother's MAIDEN Name	
		Date of Birth		
		Religion		
		Occupation		
<input type="checkbox"/> Single <input type="checkbox"/> MARRIED <input type="checkbox"/> Catholic Church <input type="checkbox"/> Civil <input type="checkbox"/> Minister	<input type="checkbox"/> Common-law <input type="checkbox"/> Divorced-Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced-Remarried	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> MARRIED <input type="checkbox"/> Catholic Church <input type="checkbox"/> Civil <input type="checkbox"/> Minister	<input type="checkbox"/> Common-law <input type="checkbox"/> Divorced-Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced-Remarried

Are you a registered member of any parish? Yes No

If registered, name of Parish _____

Do you attend church regularly? Yes No

Are you ready to take the responsibility of bringing up this child as a true Catholic? Yes No

GODPARENTS: (At least one of them must be a Catholic who has been confirmed and has received the Holy Eucharist, and lives a life of Faith which befits the role he/she undertakes: Canon Law – 874)

1. _____ Religion: _____

2. _____ Religion: _____

PROXY: 1. _____ Religion: _____

2. _____ Religion: _____

BAPTISM SESSION: _____ **DATE OF BAPTISM:** _____
Date Time Date Time

Priest: _____ **Baptism Donation (Min. \$50) \$** _____

Please submit this form with your donation 1 week before the baptism.