

Our Lady of the Assumption Church

3141 SHAUGHNESSY STREET, PORT COQUITLAM, BC V3B 4L2

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Our Lady of Assumption Parish collects and protects the personal information on this form pursuant to the Personal Information Protection Act and Canon Law. This information will not be disclosed without your prior consent.

BAPTISM INFORMATION FORM

Please Print Clearly

CHILD'S full name (**PRINT**) _____

DATE OF BIRTH _____ CITY _____ PROVINCE _____

COUNTRY _____

The Parents of the Child (**PRINT**)

FATHER'S first and last name: _____ Religion _____

MOTHER'S first and *maiden* name: _____ Religion _____

HOME Address: _____ Email _____

City: _____ Province: _____ Postal code: _____ Phone Number: _____

Are you registered at Our Lady of Assumption Parish? YES NO Envelope Number: _____

If **NOT**, where are you registered? _____

Names of other children baptized at Our Lady of Assumption (*if any*) _____

If this child was **legally adopted**, please provide the following information:

as _____ (*name*)

on _____ (*date*)

at _____ (*place*)

by _____ (*names of adopting parents*)

Marital Status of Parents

Please **CHECK** the box that reflects your current situation:

We are married in the Catholic Church (*Name and City of Church*) _____

We were married in a church outside the Catholic Church

We are civilly married only

We are living together but not married

I am a single parent

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Godparent Information

Godparents must be baptized, having made first communion, confirmed and they should be practicing the Catholic faith. If they are married, they are to be married in the Catholic Church. Only two people can be chosen as godparents. One does not have to choose two, but if two are chosen they are to be one male and one female.

Each Godparent must submit a Godparent Form signed by the pastor of their parish.

GODFATHER'S Full Name: _____ Parish: _____

GODMOTHER'S Full Name: _____ Parish: _____

* If a godparent is unable to attend the baptism a PROXY may stand in his/her place. If there is a proxy for a godparent, he/she must fulfill the same conditions as the godparent (including a submitted Godparent form signed by Pastor of his/her parish).

Name of **PROXY** (if applicable): _____

Full Home Address: _____ Postal Code _____

Parish Name & Place: _____

- Office Use Only -

Requested Baptism Date:

- Office Use Only -

Pre-Baptism INTERVIEW:
Date: _____
Priest: _____

Pre-Baptismal CLASS

Date: _____

Mother _____
Father _____
Godmother _____
Godfather _____
Proxy _____

- Priest/Deacon Use Only -

COMPLETED BAPTISM

Baptism Date: _____

Priest / Deacon Signature

Baptismal Certificate sent