Our Lady of the Assumption Church

3141 SHAUGHNESSY STREET, PORT COQUITLAM, BC V3B 4L2
Tel: 604 942-7808 • Fax: 604 942-7400 • Email: assumptionofmary@shaw.ca

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 Cleary

CHILD'S full name (PRINT)	
DATE OF BIRTH CITY	PROVINCE
COUNTRY	
he Parents of the Child (PRINT)	
ATHER'S first and last name:	Religion
MOTHER'S first and maiden name:	Religion
HOME Address:	Email
City: Province: Postal cod	de: Phone Number:
Are you registered at Our Lady of Assumption Parish? YES	NO Envelope Number:
	_
f NOT, where are you registered?	
Names of other children baptized at Our Lady of Assumption	(if any)
Names of other children baptized at Our Lady of Assumption of this child was <i>legally adopted</i> , please provide the fo	ollowing information:
Names of other children baptized at Our Lady of Assumption of this child was <i>legally adopted</i> , please provide the for as	ollowing information:(name)
Names of other children baptized at Our Lady of Assumption of If this child was <i>legally adopted</i> , please provide the form on	ollowing information:(name)(date)
Names of other children baptized at Our Lady of Assumption of this child was <i>legally adopted</i> , please provide the form	ollowing information:(name)(date)(place)
Names of other children baptized at Our Lady of Assumption of this child was <i>legally adopted</i> , please provide the form as	ollowing information:(name)(date)(place)
Names of other children baptized at Our Lady of Assumption of this child was <i>legally adopted</i> , please provide the form on	ollowing information:(name)(date)(place)
Names of other children baptized at Our Lady of Assumption of this child was <i>legally adopted</i> , please provide the form on	ollowing information:(name)(date)(place)(names of adopting parents)
Names of other children baptized at Our Lady of Assumption of this child was <i>legally adopted</i> , please provide the form on	ollowing information:(name)(date)(place) (names of adopting parents)
Names of other children baptized at Our Lady of Assumption If this child was <i>legally adopted</i> , please provide the form as	ollowing information:(name)(date)(place) (names of adopting parents)
Names of other children baptized at Our Lady of Assumption If this child was <i>legally adopted</i> , please provide the form as on at by Marital Status of Parents Please CHECK the box that reflects your current situation: We are married in the Catholic Church (Name and Cit	ollowing information:(name)(date)(place) (names of adopting parents)

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.

	Parish:
GODMOTHER'S Full Name:	Parish:
	ROXY may stand in his/her place. If there is a proxy for a s the godparent (including a submitted Godparent form
lame of PROXY (if applicable):	
ull Home Address:	Postal Code
Parish Name & Place:	
- Office Use Only –	- Office Use Only –
Requested Baptism Date:	Pre-Baptism INTERVIEW: Date:
Requested Baptism Date:	Pre-Baptism INTERVIEW: Date: Priest:
	Date:
- Priest/Deacon Use Only — COMPLETED BAPTISM	Date: Priest: Pre-Baptismal CLASS Date: Mother Father Godmother

GODPARENT'S FORM

Our Lady of the Assumption Church

3141 SHAUGHNESSY STREET, PORT COQUITLAM, BC V3B 4L2 Tel: 604 942-7808 • Fax: 604 942-7400 • Email: assumptionofmary@shaw.ca

A GODPARENT (Sponsor) must be a baptized Catholic who is at least 16 years of age, and has been confirmed, and has received the Blessed Eucharist, & if married, has been married in the Roman Catholic Church and who lives a life of faith which befits the role to be undertaken (Can. 874). Name of the person to be Baptized &/ or Confirmed: Godparent's Name: (Mr./Mrs./Ms.) Home Address: Telephone Number: Name & Address of Parish that the Godparent is attending: (to be filled out by pastor of parish attended by godparent) This is to certify that Mr./Mrs./Ms. practicing member of the above named parish community, and to the best of my knowledge is qualified to act as a Godparent for the Sacrament of Baptism. PASTOR'S SIGNATURE: Date of Signature:

Please return this form to Our Lady of the Assumption Parish, Port Coquitlam no later than one week before the Baptism.