# Our Lady of the Assumption Church

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

*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 Clea	ary		
CHILD'S full name <b>(PRINT</b>	)		
DATE OF BIRTH	CITY	PROVINCE	
COUNTRY	Requested Baptism Date:		
The Parents of the Child	(PRINT)		
ATHER'S first and last na	ame:	Religion	
MOTHER'S first and maid	<b>en</b> name:	Religion	
HOME Address:		Email	
City:	Province: Postal code:	Phone Number:	
Are you registered at Our	Lady of Assumption Parish? YES NO	Envelope Number:	
f <b>NOT</b> , where are you reg	sistered?		
Names of other children b	paptized at Our Lady of Assumption (if any)		
If this child was <i>le</i>	egally adopted, please provide the followin	g information:	
as		(name)	
on		(date)	
at		(place)	
		(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

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.				
ach Godparent must submit a Godparent Form signed by the pastor of their parish.				
GODFATHER'S Full Name:	Parish:			
GODMOTHER'S Full Name:	Parish:			
	ROXY may stand in his/her place. If there is a proxy for a as the godparent (including a submitted Godparent form			
Name of <b>PROXY</b> (if applicable):				
Full Home Address: Postal Code				
Parish Name & Place:				
**************************************	***********			
	- Office Use Only – Pre-Baptism INTERVIEW:			

### **GODPARENT'S FORM**

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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 cortify that Mr /Mrs /Ms	ic o pro

This is to certify that Mr./Mrs./Ms. \_\_\_\_\_\_ is a 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:	