



**Saint Patrick's Parish**

2881 Main Street, Vancouver, B.C. V5T 3G1

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*Saint Patrick 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**

PRINT child's full name \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

**The Parents of the Child**

PRINT Father's full name: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's first and maiden name: \_\_\_\_\_ Religion \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal code: \_\_\_\_\_ Contact: \_\_\_\_\_

Are you registered at St. Patrick's Church? YES  Envelope Number: \_\_\_\_\_

If not, where are you registered? \_\_\_\_\_

Have you had other children baptized at St. Patrick's \_\_\_\_\_

*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 appropriate box that reflects your current situation:

We are married in the Catholic Church (Name 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 \_\_\_\_\_

Turn over →

**Godparent Information**

*Godparents must be baptized, confirmed, having made first communion and they should be practicing the Catholic faith. If they are married, they should be married in the Catholic Church.*

Godparents must submit Godparent Form; signed by the pastor of their parish.

Godfather's Full Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Godmother's Full Name: \_\_\_\_\_ Parish: \_\_\_\_\_

\*If there is a proxy for a godparent, then the same conditions for the godparent listed above also apply to the proxy.

Name of Proxy: \_\_\_\_\_

Full Home Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Parish Name & Place: \_\_\_\_\_



*--Office Use Only--*

Requested Baptism Date:  
\_\_\_\_\_

*-Priest Use Only-*

**COMPLETED BAPTISM**  
Baptism Date:  
\_\_\_\_\_  
Priest / Deacon Signature  
\_\_\_\_\_

*-- Office Use Only --*

Pre-Baptismal INTERVIEW  
Date: \_\_\_\_\_  
Priest: \_\_\_\_\_

Pre-Baptismal CLASS  
Date: \_\_\_\_\_

Mother \_\_\_\_\_  
Father \_\_\_\_\_  
Godmother \_\_\_\_\_  
Godfather \_\_\_\_\_  
Proxy \_\_\_\_\_