

OUR LADY OF PERPETUAL HELP PARISH
THE REDEMPTORISTS
2465 CROWN STREET
VANCOUVER, BC V6R 3V9
PHONE (604) 224-4344

Registration for Baptism

Child's Full Name _____
(First Name) (Middle Name) (Family Name)

Child's Date of Birth _____ Gender: Male / Female
(Month/Day/Year)

Place of Birth _____

Father's Name _____
(First Name) (Middle Name) (Family Name)

Mother's Maiden Name _____
(First Name) (Middle Name) (Family Name)

Father's religion: _____ Mother's religion: _____

Parent's Address _____
(City) (Postal Code)

Parent's Phone Number _____ Email: _____

Godfather's Name _____
(Christian Name) (Family Name)

Godmother's Name _____
(Christian Name) (Family Name)

Godfather's religion: _____ Godmother's religion: _____

Proxy's Name _____
(Christian Name) (Family Name)

Notes:

Parishioner? YES / NO

Do you wish to be registered? YES / NO

For Office Completion:

Visited by: _____ on _____
(Month/Day/Year)

Date of Completion of Baptismal Preparation _____

Date of Baptism _____

Celebrant _____