OUR LADY OF PERPETUAL HELP PARISH

2465 CROWN STREET VANCOUVER, BC V6R 3V9 PHONE (604) 224-4344

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Registration for Baptism

DATE		
Child's Full Name		
(First Name)	(Middle Name)	(Family Name)
Child's Date of Birth	Gender: Male 🗆 /	Female
Place of Birth(Month/Day/Year)		
Father's Name		
(First Name)	(Middle Name)	(Family Name)
Mother's Name		
(First Name)	(Middle Name)	(Family Name)
Father's religion:	Mother's religion:	
Parent's Address		
Parent's Phone Number		
Godfather's Name(First Name)		
(First Name)	(Family Name)	
Godmother's Name (First Name)	(Family Name)	
	,	
Godfather's religion:	_ Godmother's religion: _	
Proxy's Name		
(First Name)	(Family Name)	
Notes: Parishioner? YES □ / NO □ If the answer is NO, do you wish to be registered?	YES □ / NO □	
FOR OFFICE USE ONLY:		
Meeting Date:	_ with	
Date of Completion of Baptismal Preparation		
Date of Baptism	Celebrant	