

THE ANGLICAN CHURCH OF CANADA
Parish of St Michael & All Angels
6 St. Clare Avenue at LeMarchant Road
St. John's, Newfoundland, A1C 6N4

Information for Holy Baptism

NAME of CHILD _____
Christian Name(s) _____ Surname _____

PLACE of BIRTH _____
District _____

DATE of BIRTH _____ SEX _____
Day _____ Month _____ Year _____

FATHER'S NAME _____ AGE _____
in full _____

MOTHER'S NAME _____ AGE _____
in full _____ [maiden surname] _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

COMPLETE MAILING ADDRESS & PHONE # _____

ENVELOPE # _____

SPONSORS (GODPARENTS) [Godparents shall be baptised persons able to make the promises required. See rubric no. 3, page 522 of *The Book of Common Prayer*, or the instructions on page 150 of *The Book of Alternative Services*.]

1. _____ Address _____
2. _____ Address _____
3. _____ Address _____

[OFFICE USE]

DATE of BAPTISM _____ OFFICIANT _____ REGISTERED

revised January 2004