OUR LADY OF GOOD HOPE PARISH
671 Water Ave Hope, BC V0X 1L0 Telephone: 604 869 5382

BAPTISM REGISTRATION

Please print clearly all information requested

NAME: _____
First *Middle* *Last*

Date of Birth: _____ Place of Birth:_____M__F__
Month – Day – Year

Father: Last Name: _____

First Name: _____Religion_____

Mother: Maiden Name: _____

First Name: _____Religion_____

Address of Parents: _____

Contact Numbers: Home_____ Cell _____

Marriage Date: _____Church: _____

Email address:_____

Godparents (*one Godparent must be a Roman Catholic – Canon Law #874*)

Name: _____Religion:_____

Name:_____Religion:_____

Date of Baptism:_____

Celebrant:_____

Permission of Pastor for Out of Parish Baptism

Permission is hereby granted to: _____

For the Baptism of their child in the Parish of:_____

Diocese of:_____Address:_____

Date: _____Signature:_____