St. Joseph Parish 32550 7th Ave, Mission, BC

Date:			
Date.			

Information for Baptism (Kindly Print)

Name of the Person t		Name	Middle Names	First Name		
D (6D: 41						
Date of Birth:	Place of Birth:			Sex: M/F		
Audiess.						
Tel-Home:	Work:	en	nail:			
Father	's Name		Mother's MAIDEN Name			
Last Name Middle name	First Name	Full Name	Last Name (Maiden) Middle r	name First Name		
		Date of Birth				
		Religion				
		Occupation				
Single □ M Married-Civil □ Common-law □ Separated □	arried-Catholic Church ☐ Married-Minister ☐ Divorced-Single ☐ Divorced-Remarried ☐	Marital Status	Single □ Married-Civil □ Common-law □ Separated □	Married-Catholic Church ☐ Married-Minister ☐ Divorced-Single ☐ Divorced-Remarried ☐		
Are you a registered me	mber of any parish? Ye	es: 🗆 No: 🗆	•			
If registered, name of yo	our parish					
Do you attend church re	gularly? Yes: □ No:					
Are you ready to take th	e responsibility of bringing	up this child as	a true Catholic? Y	res: □ No: □		
The state of the s	least one of them must bharist, and lives a life of Fa			ed and has received the Holy tes: Canon Law- 874)		
1			Religion:			
2			Religion:			
2						
PROXY (if needed): _			Religion:			
Baptism Sessions:	1)	2)		3)		
*			Date Time	Date Time		
Date of Baptism:	Tis	me:	Priest:			
Check List: B. Kit g	riven□ B. Kit fee□	Certificate	of B.□	Entered in the B. Register□		