

# Baptism Application

## St. George's Church, St. Catharines

Please complete all sections. When completed, either mail it to 83 Church St., St. Catharines, ON L2R 3C7; fax it to 866-333-6092 or email to [ltelega@stgeorgesanglican.ca](mailto:ltelega@stgeorgesanglican.ca)

Child's Information						
Child's Name					Male	Female
(as you want it on the Certificate of Baptism)						
Date of Birth	year	month	day	Place of Birth	City	Province

Parent's Information						
Father's Full Name						
(as you want it on the Certificate of Baptism)						
Religion		Baptised	Yes	No	Confirmed	Yes No
Mother's Full Name						
(as you want it on the Certificate of Baptism)						
Mother's Maiden Name						
Religion		Baptised	Yes	No	Confirmed	Yes No
Parent's Address	Street					
(If an adult being Baptized, use the adult's address)						
City		Prov.		Postal Code		
Telephone		Cell Phone		Email		
Are you presently registered at St. George's?		Yes	No	If no, would you like to be?		Yes No
<p><i>Please note that if you are not a member we invite you to join us. We would love to have you as part of our parish family. However, this is <b>not</b> a condition for Baptism at St. George's. You are always WELCOME!</i></p>						

Godparents					
Names of Sponsors (Godparents)					
1.		Religion		Baptised	Yes No
2.		Religion		Baptised	Yes No
3.		Religion		Baptised	Yes No
4.		Religion		Baptised	Yes No

### For Office Use Only

Date of Baptism: \_\_\_\_\_ Time of

Service: \_\_\_\_\_

Baptism by: Rev. Martha Tatarnic

Rev. Canon Val Kerr:

Picture provided: