



St. Philip's on-the-hill Anglican Church
 9400 Kennedy Road,
 Unionville, ON
 L6C 1N6
 Tel: 905.477.1991
 Email: office@spoth.ca

HOLY BAPTISM INFORMATION FORM

PROPOSED DATE OF BAPTISM:											
FULL NAME OF CANDIDATE:											
		Surname			Given Names						
BIRTHDATE:	Day:	Month:		Year:		M/F					
PLACE OF BIRTH:											
ADDRESS:											
		Street		Town/City		Province		Postal Code			
TELEPHONE:					E-MAIL:						
* MOTHER'S NAME:						Y/N		Y/N			
		Surname		Maiden Name		Given Name (s)		Baptized?		Confirmed?	
* FATHER'S NAME						Y/N		Y/N			
		Surname		Given Name(s)		Baptized?		Confirmed?			
*NAMES OF OTHER CHILDREN:		Given Name(s)			Birthdate						
1)								Y/N		Y/N	
								Baptized?		Confirmed?	
2)								Y/N		Y/N	
								Baptized?		Confirmed?	
3)								Y/N		Y/N	
								Baptized?		Confirmed?	
HOME PARISH:		St. Philip's		<i>or</i>							
SPONSORS:		1)						Y/N		Y/N	
								Baptized?		Confirmed?	
2)								Y/N		Y/N	
								Baptized?		Confirmed?	
3)								Y/N		Y/N	
								Baptized?		Confirmed?	
NOTES:											

* *Optional if Candidate is an Adult*