

**HOLY NATIVITY ANGLICAN CHURCH**  
**12707 Bonaventure Drive SE, Calgary, AB T2J 4P4**  
**The Rev Bryan M Beveridge, BA, MDiv, Dip PS(Couns)**  
**The Rev Betty Vaughan, BA, MEd, MDiv**

**INFORMATION FORM FOR HOLY BAPTISM**

Intended date of baptism \_\_\_\_\_  
Surname for child \_\_\_\_\_  
Christian names of child \_\_\_\_\_  
Child's date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
Mother of child \_\_\_\_\_  
Christian Names \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone \_\_\_\_\_(h) \_\_\_\_\_(w)  
Address \_\_\_\_\_  
Email address: \_\_\_\_\_

Father of child \_\_\_\_\_  
Christian Names \_\_\_\_\_ Surname \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone \_\_\_\_\_(h) \_\_\_\_\_(w)  
Address (if different from above) \_\_\_\_\_  
Email address: \_\_\_\_\_

Mother Baptized            yes \_\_\_\_\_ no \_\_\_\_\_  
of        Confirmed            yes \_\_\_\_\_ no \_\_\_\_\_  
Child    Communicant            yes \_\_\_\_\_ no \_\_\_\_\_

Father Baptized            yes \_\_\_\_\_ no \_\_\_\_\_  
of        Confirmed            yes \_\_\_\_\_ no \_\_\_\_\_  
Child    Communicant            yes \_\_\_\_\_ no \_\_\_\_\_

Godparents (should be of the Christian faith & baptized). The Rector will speak to you about this. The following persons will be Godparents to our child(ren).

Name \_\_\_\_\_ Denomination \_\_\_\_\_  
Address \_\_\_\_\_ Parish \_\_\_\_\_  
Name \_\_\_\_\_ Denomination \_\_\_\_\_  
Address \_\_\_\_\_ Parish \_\_\_\_\_  
Name \_\_\_\_\_ Denomination \_\_\_\_\_  
Address \_\_\_\_\_ Parish \_\_\_\_\_

By this sacrament of baptism we ask that our child(ren) may be received into God's family. We promise to do our best and by our example and encouragement we will see that s/he(they) grow up as a faithful follower of Christ.

Parents' signatures \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** This form must be returned to the Parish Office at least 10 days before the date of baptism.