

# St. Peter the Apostle Church

705-472-1817 FAX 705-472-6041  
299 Airport Rd, North Bay, On P1B 8W7

## -BAPTISM-

Taken by: \_\_\_\_\_ Date: \_\_\_\_\_.

Child's Name: _____	M	F	_____
Childs Birth Certificate- copy _____	Y	N	_____
Date & Place of Birth _____.			
Father's Name: _____	Religion _____.		
Mother's Maiden Name: _____	Religion _____.		
E-mail address and mailing address _____		intro letter x _____	
Phone: _____.			
Date/Place Married: _____	Not Married _____.		
Church attending: St. Peters Church _____	Registered	Y	N _____
Previous child baptized date: _____	1 <sup>st</sup> Meeting: _____.		
Baptism Date Requested: _____.			
Godparents- Baptismal certificate - Copy showing sacraments completed _____ Y N			
Godfather: _____	Religion _____.		
Proxy: _____	Religion _____.		
Godmother: _____	Religion _____.		
Proxy: _____	Religion _____.		

Baptized by: [Father Francis Ezenezi](#) Date: \_\_\_\_\_