CANADIAN MARTYRS PARISH

5771 Granville Avenue, Richmond, B.C. V7C 1E8. Phone: 604-272-5563 Fax: 604-272-5564 email: cmartyrs@rcav.bc.ca website: http://cmartyrs.rcav.org

Baptism Registration Form for Children 兒童領洗登記表

Date:			Family	/ registered	l in this parish:	Yes / No	
Name :				Mid	dle	Chinese	
Christian name:		11150					Cimiese
Date of birth:		(Mths /	Yrs Old)	Place of birth:	City	
Father's full name:					Religion:		
Mother's full (<i>maiden</i>) nar	me:				— Religion:		
Address:				(City)		(Postal Code)	
Telephone: (Home)		(Cell)			(Email)		
Date & place of marriage:		/			/		
	(Date)	(Ch	urch Name /	Civil)	(Pl	ace)	
Receiving Sacraments?	Father:	Yes	/ No		Mother:	Yes	/ No
Attending Mass regularly?;	Father:	Yes	/ No		Mother:	Yes	/ No
Godparent full name:			Bapti			sm Date:	
	Last	I	First	Chin	ese		
Married in Catholic Church?	Yes / No C	hurch:				Date:	
Godparent full name:						sm Date:	
Married in Catholic Church?	Yes / No C		First	Chin		Date:	
Godparents: (Canon confirmed and has received th potential sponsor is baptized before, a person fro another Church may be a Christ	te blessed Eucha fore marriage, he om another Churc	arist, and wharist, and what I she has to hat h cannot be a	ho lives a ave marri a a Godparei	life of fait age in the C nt for a Rom	th which befits the Church. Than Catholic. How	e role to be unvever, a believ	ndertaken.* If the
FOR OFFICE USE							
Domicile Parish :							
Date of Baptism :				Tin	ne:		
Officiating Priest:				Baj	ptismal Register:		
Remarks:							