

**AME Fountain Chapel**  
487 Alexander St, Vancouver, BC V6A 1C6

## Information for Baptism

(Kindly Print Clearly)

Date: \_\_\_\_\_

**Name of the Person to be baptized:** \_\_\_\_\_

Last Name	Middle Names	First Name

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Sex:** M / F

Day / Month / Year

**Address:** \_\_\_\_\_

**Tel-Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

Father's Name			Mother's MAIDEN Name	
Last Name	Middle name	First Name		
			Full Name	
			Date of Birth	
			Religion	
			Occupation	
<div>Single <input type="checkbox"/></div> <div>Married-Civil <input type="checkbox"/></div> <div>Common-law <input type="checkbox"/></div> <div>Separated <input type="checkbox"/></div>	<div>Married - Methodist Church <input type="checkbox"/></div> <div>Married-Minister <input type="checkbox"/></div> <div>Divorced-Single <input type="checkbox"/></div> <div>Divorced-Remarried <input type="checkbox"/></div>	Marital Status	<div>Single <input type="checkbox"/></div> <div>Married-Civil <input type="checkbox"/></div> <div>Common-law <input type="checkbox"/></div> <div>Separated <input type="checkbox"/></div>	<div>Married - Methodist Church <input type="checkbox"/></div> <div>Married-Minister <input type="checkbox"/></div> <div>Divorced-Single <input type="checkbox"/></div> <div>Divorced-Remarried <input type="checkbox"/></div>

Are you a registered member of any methodist church? Yes: ☐ No: ☐

If registered, name of the church \_\_\_\_\_

Do you attend church regularly? Yes: ☐ No: ☐

Are you ready to take the responsibility of bringing up this child as a true Christian?      Yes: ☐      No: ☐

**GODPARENTS:** (At least one of them must be a Christian who has been baptized and lives a life of Faith which befits the role he/she undertakes)

1. \_\_\_\_\_ Religion: \_\_\_\_\_

2. \_\_\_\_\_ Religion: \_\_\_\_\_

**PROXY (if needed):** \_\_\_\_\_ **Religion:** \_\_\_\_\_

Baptism Sessions:

1)		2)		3)	
Date	Time	Date	Time	Date	Time

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

Check List:	B. Kit given <input type="checkbox"/>	B. Kit fee <input type="checkbox"/>	Certificate of B. <input type="checkbox"/>	Entered in the B. Register <input type="checkbox"/>
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Remarks: